

**CHECKLIST OF ESSENTIAL REFERRAL INFORMATION**

**Preliminaries**

- Initial contact (phone call, letter, email) and conflict check (all parties)
- Reason for referral and specific request (employability, earning capacity, vocational testing, future care needs/cost projections, review past medical bills)
- Timelines (for report, deposition, trial)
- Signed Retention Contract
- Retainer check

**Client Information**

- Client name and contact information (for scheduling if appropriate)
- Background (occupation, education, type of injury/event, other medical issues)

**Medical/Vocational/Economic**

- Medical records (all or excerpts: discharge reports, narratives, chart notes, bills, etc.)
- Physical Capacity Evaluation (or other documentation of work restrictions)
- Employment and/or school records (if available and relevant)
- Earning records (employer records, Social Security record or W-2s)
- Other experts involved (physician, psychologist, PT/OT, economist etc, and availability for consultation)
- Opposing experts' reports
- Depositions (client, physician, experts)