

## State Workers' Compensation Appointment Protocol

Use different forms for Federal Workers' Compensation, VA Disability or Social Security Disability. Forms at [www.EllisClinic.com](http://www.EllisClinic.com) or call Ellis Clinic.

Date: \_\_\_\_\_

CLIENT'S Name: \_\_\_\_\_

Referring Attorney: \_\_\_\_\_

Attorney  
Address: \_\_\_\_\_

Attorney Phone \_\_\_\_\_ Fax \_\_\_\_\_

### Collation of Records:

1. **Legal:** Claim Form, Attorney correspondence, Prior adjudications
2. **Summary List of Records:** Will be attached to the expert medical opinion report. See example below.
3. **Medical:** Send only pertinent records such as the Operation Report but not all the hospital records.  
Staple or clip together each operative report, test or medical provider.
  - Operation Reports and Hospitalization Discharge Summaries
  - Tests: MRI, EMG, X-Ray
  - Physician Records: Staple or clip together each doctor or clinic.
  - Other Records
4. Submit an **Ellis Clinic Injury Information** form for each claim.

### Summary List Example

John Q. Doe, Claim# or SSN 123-45-6789

1. CC-Form 3 Filed 9/1/2016
2. Operations:
  - a. 2/7/17 Left Shoulder Arthroscopy: Rotator Cuff Repair, Ima Cutter, MD
  - b. Post Op Diagnosis: Rotator Cuff Tear
3. Tests:
  - a. 6/6/14 MRI Left Shoulder
  - b. 4/2/14 EMG/NCS Lower Extremities
4. Physician Records:
  - a. 4/4/13 to 12/3/17, Ima Cutter, MD
  - b. 8/6/13 to 7/3/17, Joe Bones, DO
5. Other Records
  - a. Wellness Physical Therapy: 7/16/2001 to 10/5/2001

**Fee: \$500** Submit payment with records sent to Ellis Clinic. No Payment = No Appointment.

**Payment Method:**  Check to Ellis Clinic, PC  AM Exp  Discover  MasterCard  Visa

Payment is deposited only if records are acceptable. Ellis Clinic will then call your client for an appointment.

Date: \_\_\_\_\_

Card# \_\_\_\_\_ Expires \_\_\_\_\_ / \_\_\_\_\_ Security Code \_\_\_\_\_

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

Card Address: \_\_\_\_\_ Card ZIP: \_\_\_\_\_

**Injury Information: State Workers' Compensation**

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Date of Injury: \_\_\_\_\_ Type of Injury: [ ] State Workers' Compensation [ ] Personal Injury

Patient Name: \_\_\_\_\_

SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  Male  Female

Address / PO Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phones \_\_\_\_\_ EMail \_\_\_\_\_

Referring Attorney: \_\_\_\_\_

**BRIEFLY DESCRIBE WHAT CAUSED THIS INJURY.** Examples: Slipped and fell on my back, My car was hit from the rear, A box fell on my left shoulder.

\_\_\_\_\_

**BRIEFLY LIST YOUR TREATMENT.** Examples: Mercy ER, X-Rays. Marcus Welby, medications. Ima Cutter MD, Back Surgery 11/1/2015. Physical Therapy.

\_\_\_\_\_

**WHERE DO YOU STILL HAVE PROBLEMS?**

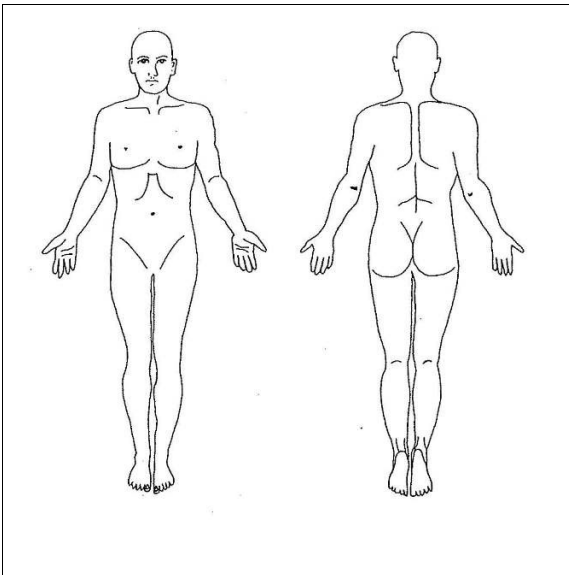
\_\_\_\_\_

**DID YOU MISS WORK DUE TO THIS INJURY?** [ ] No [ ] Yes If Yes list or estimate the dates or time missed. \_\_\_\_\_

**OTHER SIGNIFICANT PAST OR RECENT INJURIES,** i.e. 1968 highschool football. Left knee, surgery. 1978 Sprained left ankle at home. 1988 WC Back&Neck: Back surgery, I still have back and left leg pain. 1995 Rear end car wreck, neck pain.

\_\_\_\_\_

**Circle Where You Still Have Pain or Problems from This Injury**



**PERTINENT PAST MEDICAL HISTORY** (Surgeries, Diseases not mentioned above)

\_\_\_\_\_

**PERTINENT FAMILY MEDICAL HISTORY** (Asthma, Diabetes, Heart Attacks, Strokes, etc.)

**MEDICATION ALLERGIES:**

**WORK STATUS:** [ ] Still working for same employer [ ] Working for a new employer  
[ ] Still off work due to this injury [ ] Fired [ ] Retired

**SCHOOL:** [ ] High School Degree [ ] GED [ ] Years in College or Degrees  
Ellis Clinic is in the 9 story 5100 Building located to the west of the corner of NW 50<sup>th</sup> Street & N. May Ave in Oklahoma City, OK