

DATE OF REFERRAL: _____

EXPERT:

JS NT

APPT. DATE: _____ Associate: _____

DC OTHER _____

FORENSIC CASE REFERRAL FORM

Case Type: PLN DEF PVT OTH _____

Responsible Law Firm: _____

Mailing Address: _____

Billing Contact: _____ **Billing Email / Phone Number:** _____

Lead Attorney Name (s): _____ **Direct Line:** _____

Paralegal/ Secretary: _____ **Email:** _____

Co-Counsel (Name/Contact): _____

Case Number _____ **Case Filing: County of** _____

Trial Date/ Any other deadlines _____ :

Patient Name: _____ **DOB:** _____ **Age:** _____

Gender: M / F **Marital Status:** S M DIV W **Years Education:** _____ **Ethnicity** _____

Primary Language _____ **Secondary Language:** _____ **Interpreter:** Y / N

For Zoom Interview Client's phone number/Email: _____

Employed: Y / N (WHERE) _____ **Cause of Injury:** _____

Retained Neurologist: Y / N (Name) _____ **BRAIN MRI** Y / N **BRAIN CT Scan** Y / N

Were paramedics/ EMTs called to scene: Y / N

Where Plaintiff was taken after injury/accident? ER Urgent Care Home **Length of Stay:** _____

Where: _____ **Neuropsych Evals (when/Dr. Name)** _____

Current Medication: _____

Coronavirus Exposure: Y / N **COVID-19 Symptoms:** Y / N

Brief Case Synopsis of Symptoms:

