

Patient's Name		Insured's ID (Prime No)	
SSN		Date of Birth	
<b>Agency Use Only</b>			
Program	Branch	Case Number	Wkr ID
Case Name			

**Medical Record Checklist**

**Please send copies of existing records as noted below**

**Information to request from hospital**

- Hospital Admitting History and Physical Examination
- Hospital Admission Summary
- Hospital Discharge Summary
- Hospital Discharge Instruction Sheet
- Copies of consultant reports done while in hospital
- Psychological examination and reports
- Operative and pathology reports or summaries
- History and physical examination including height and weight
- Lab reports
- X-ray reports

**Optional information to request from hospital**

- Progress notes since \_\_\_\_\_
- Other \_\_\_\_\_

**Information to request from doctor or clinic**

- Progress notes since \_\_\_\_\_
- History and physical examination including height and weight
- Recent hospital admission and discharge records
- Lab reports
- X-ray reports
- Functional Classification of heart disease according to the New York Heart Association Criteria
- Angiography interpretations
- EKG interpretations
- Treadmill interpretation
- Pulmonary function tests, pre and post bronchodilators
- Arterial blood gases
- Evidence of metastasis
- Neurological findings
- EEG interpretation
- IQ test results, including sub-test scores
- Psychological examinations or reports
- Mental status including: evidence of delusions, hallucinations, disorientation, impaired concentration and affect
- Other \_\_\_\_\_

**Comments:** \_\_\_\_\_