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| Date  **CLIENT INFORMATION**  Client Address  Phone (H) (W)  Cell Date Retainer Agreement Signed  SSN E-Mail  Date of Birth Driver’s License  Education  Spouse/Partner’s Name Spouse/Partner Phone  Dependents Referred By  Emergency Contacts (Name/Address/Phone)        **EMPLOYMENT/INSURANCE/UNION MEMBERSHIP**  **Primary** Employer Address  Wage  Insurer Adjuster  Address Claim No.  Telephone  Managed Care Organization 🞎 Yes 🞎 No Policy No.  When was the comp insurer notified of the claim being filed? Date  Date of Hire Occupation  Currently Working Scheduled Days Off  Wage Loss Paid  **Secondary** Employer Address  Wage  Insurer Adjuster  Address Claim No.  Telephone  Managed Care Organization 🞎 Yes 🞎 No Policy No.  When was the comp insurer notified of the claim being filed? Date  Has documentation of the wage at the secondary job been obtained? 🞎 Yes 🞎 No  Date of Hire Occupation  Currently Working Scheduled Days Off  Wage Loss Paid  Non-Industrial Carrier 🞎 Yes 🞎 No Policy No.  Carrier  Address    Private Health Carrier (if any) 🞎 Yes 🞎 No Policy No.  Carrier  Address    Union Membership 🞎 Yes 🞎 No Local No.  Union Name  **INJURY**  Date of Injury Claim No.  WCB No. WCD No.  Body Part(s) Injured        How Did the Injury Occur          Where Did the Injury Occur (City/State)      **PRIOR CLAIMS**  Date of Prior Workers’ Comp Claim Amount of Award $  Date of Prior Workers’ Comp Claim Amount of Award $  Date Worker’s Statement or Deposition Taken  **PREVIOUS MOTOR VEHICLE ACCIDENTS AND OTHER PRIOR INJURIES**            **MEDICAL CONDITIONS PRE-EXISTING THIS INJURY**            **PRIOR ARRESTS AND CONVICTIONS**            **MENTAL HEALTH, ALCOHOL, DRUG USE (CURRENT AND HISTORY)** |

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| **DEADLINES TO CALENDAR**  Date of Notice of Closure Statute Runs  60 days from date of Order  Date of Reconsideration Order**\*** Statute Runs  30 days from date of Reconsideration Order  Date of Denial\* Statute Runs  60 days from date of mailing of denial  Aggravation Claim Statute Runs  5 years from date of first Notice of Closure, if disabling;  5 years from date of Notice of Acceptance, if nondisabling  **\* Request hearing immediately**  Date of Opinion and Order Statute Runs  30 days from date of Opinion and Order  Date of Board Order Mailing \_\_\_\_\_\_\_ Statute Runs  30 days from date of Order on Review  Date Appellate Brief Due  Date of scope of acceptance demand letter Statute Runs  60 days from date of demand  Date of Director’s Admin. Review Order Statute Runs  60 days from Dir. Admin. Review Order  Date of Medical Services Order Statute (OAR) Runs  Vocational Services Issue Statute Runs |

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| WCD WCB Date Request for Hearing Filed Date Request for Hearing Filed  Hearing Date Hearing Date  Date Client Notified Date Client Notified |

# LIEN ITEMS

□ Child Support Liens □ Unemployment Benefits □ Social Security Disability

□ Medicaid □ Medicare □ Oregon Health Plan

□ Welfare Assistance □ Private Health Carrier □ Other

# NAMES OF PHYSICIANS, MEDICAL FACILITIES WHERE TREATED

Physician or Facility Address Phone

# REQUESTS FOR RECORDS

Records from treating physician Date Requested Rec’d

Hospital records Date Requested Rec’d

Other physician records Date Requested Rec’d

Other physician records Date Requested Rec’d

Document demand to employer Date Requested Rec’d

Medical releases obtained Date Requested Rec’d

# THIRD PARTY RESPONSIBILITY

Third Party Potential

Potentially Responsible Party

Theory of Liability

SOL

Notes

# WITNESSES

Interviewed Subpoenaed

Name 🞎 🞎

Address

Telephone

Name 🞎 🞎

Address

Telephone

Name 🞎 🞎

Address

Telephone

Name 🞎 🞎

Address

Telephone

**IMPORTANT NOTICES**

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