

Pre-Case Medical Risk Screening Intake Form

Law Firm: La Cava Jacobson and Goodis

Primary Contact: Christin Hoopes, Litigation Paralegal

Attorney on Matter: Brendan Rowe, Esq.

Attorney Email: _____

Attorney Phone: _____

Jurisdiction: _____

Case Status (Pre-Suit / Filed): _____

Type of Case: _____

Medical Allegations

Brief summary of allegations:

Clinicians Involved

Nurse Practitioner / Physician Assistant / Physician / RN / Other

Timeline of Care

Approximate dates of treatment:

Key Questions for Screening

What concerns you most about this case?

What outcome are you hoping this screening will clarify?

Records Submitted

Total pages of medical records submitted: _____

Attorney / Representative Signature: _____

Date: _____