



Attorney Medical Record Checklist

Patient Name: _____

Date of Birth: _____

Admission Date: _____

Discharge Date: _____

	Present or n/a	Date Requested	Date Rec'd
Before 1st Section of Chart			
Attorney's Letter Requesting Records			
Certification Letter (Records Are Complete)			
Admission/ Discharge Data			
Face Sheet			
Discharge Summary			
Discharge Instructions by MD/RN			
Death Certificate/Autopsy Records			
Transfer Form to Hospital			
Rescue Team/Helicopter Transport Sheet			
Police Report (if applicable)			
ER Records			
Triage/Trauma Records, Nurses Notes, MD Exam			
Physician's Orders			
Handwritten, Computer Generated or Standing (Preprinted) Orders			
Physician Documentation			
History and Physical			
Progress Notes			
Consulting Physician's Notes			



	Present or n/a	Date Requested	Date Rec'd
Advance Directives			
Advance Directives			
Do Not Resuscitate Form			
Nurses Notes			
Nursing Admission Assessment			
Nursing Care Plan			
Nursing Kardex			
Critical Care/ICU Notes			
Pressure Sore Assessment and Flow sheet			
Dialysis Flow sheet			
Restraint Sheets/Flow sheets			
Patient Education/Teaching Documentation			
Nursing Notes			
Respiratory Therapist Notes			
Physical Therapy/Occupational Therapy Assessments and Notes			
Speech Therapy Assessments and Notes			
Code Blue Record			
Death Checklist Done by Nurse			
Graphic Chart			
Vital Signs			
Flow Sheets			
Intake and Output			
Medications			
Medication Reconciliation			
MAR (Medication Administration Record)			
PRN (As needed medications)			
One-time only medications or STAT medications			
PCA Flow Sheet (Patient Controlled Analgesic)			
IV Therapy			
Vaccine Consent Forms			



	Present or n/a	Date Requested	Date Rec'd
Report of Operations			
Operating Room Consent for Procedure			
Pre-op Checklist Done by Nurse			
Pre-anesthesia Assessment			
Anesthesia Record (Graphic Sheet)			
OR Nurses Notes (Care Plan, Instrument and Sponge Counts, Assessments)			
Photographs			
PACU Notes/Recovery Room Notes			
Pathology Report (Surgical Specimen Report)			
Laboratory Reports			
Blood Tests Microbiology/Cultures Pathology Reports (non-operative) Urine Tests Other Body Fluid Tests			
Blood Transfusion Slips			
ABG (Arterial Blood Gases)			
Radiology Reports			
X-rays			
MRI			
CT Scan			
Ultrasound			
GI Studies/Barium Swallow/Barium Enema			
EKG/EEG			
12-Lead EKG			
Echocardiogram			
Cardiac Monitor Strips			
EEG (Records brain electrical activity)			
Dietary			
Dietary Assessment and Nutrition Notes			



	Present or n/a	Date Requested	Date Rec'd
Misc. Records			
Admission Consent			
Billing Information			
Billing Records			
Clothing List/Valuables			
Special Consents (Photographs, Experimental Drugs, Release of Restraints, Invasive/Nonsurgical Procedures)			
Organ Donor Forms			
Blood Transfusion Consent			
Social Worker/Service Records			
Case Management – Discharge Planning and Home Care			

Checklist provided to attorneys and their paralegals, compliments of *Hobson's Legal Nurses*.
Reach out at any time ~ we are here to support you.

Here's to your success!
Julie@HobsonsLegalNurses.com