



K.W. REAGLES & ASSOCIATES

Vocational, Rehabilitation & Economic Consultation Services

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CHECKLIST OF ESSENTIAL INFORMATION

Re:

Date requested: _____

Instructions: For each item checked below, please make a photocopy and send the requested information to K.W. Reagles and Associates.

Preliminaries

- _____ Signed Letter of Agreement
- _____ Retaining Check
- _____ Complaint
- _____ Bill of Particulars

Client Information

- _____ Accident/Incident Report
- _____ Examinations Before Trial (EBTs) of Plaintiff(s) Only

Medical Records to *Present Date*

- _____ Prior Medical History
- _____ E.R./Hospital Records (History & Physical, Operative/Procedure Reports, Radiology Reports, Consultation Reports, Therapy Records, and Discharge Summary)
- _____ Physician Reports - Plaintiff
- _____ Physician Reports - Defendant
- _____ Psychologists/Psychiatrists Reports
- _____ Allied Health Provider Reports (e.g., PT, OT, etc.)
- _____ Functional Capacity Evaluation

Educational/Vocational/Economics

- _____ School Records/Transcripts/IEP
- _____ School Psychological Testing Results
- _____ Work History/Resume
- _____ Personnel Records, including job titles, wage rates, performance reviews, disciplinary actions
- _____ Union Contract/Pension Fund Records
- _____ Income Tax Returns (5 yrs. prior to disablement and any subsequent to disablement) - **OR**
- _____ Social Security Statement of Earnings
- _____ Earnings to Date in Current Year
- _____ Other

