

Forensic Intake Form

ATTENTION: To improve our ability to give you a timely appointment, please schedule within 10 days.

Examinee: _____

Address: _____

D.O.B.: _____ SS#: _____

Examinee is: Plaintiff or Defendant

Your office represents: Plaintiff or Defendant

Retaining Party: _____ Phone #: _____

Address: _____ Fax #: _____

_____ E-Mail: _____

COMPLETE STYLE OF CASE, including NAME OF CASE, JURISDICTION, & CASE # (required): _____

Last date to receive report: _____ Trial date: _____

Type of case (required): _____ Date of injury: _____

Type of injury (required): _____ Brief description of case: _____

Information below this line is for Dr. Granacher's office use only.

Contact: _____ **Account:** _____ **Chart:** _____

Date scheduled evaluation **Date of service/time** **Type of evaluation** **w/Doctor** **Scheduled with**

Deposition/Consultation/Trials

Dr. Granacher is not retained until the case is accepted and the fee is received in our office.