

STEVEN S. ISONO, M.D.
MEDICAL – LEGAL INTAKE FORM

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Orinda, CA 94563

Phone: (510) 844-4545/ Fax: (800) 621-5224 /(510) 208-3291

Appointment Date _____ Today's Date _____

Appointment Time _____ Type of Exam _____

Requested by: ☐ APP ☐ DEF ☐ INS. CARRIER

Patient Name _____ SSN _____
Address _____ DOB _____
City/State/Zip _____
Phone _____

Applicant Atty. _____
Address _____
City/State/Zip _____
Phone _____ Fax _____

Defense Atty. _____
Address _____
City/State/Zip _____
Phone _____ Fax _____

Employer _____
Insurance Carrier _____ Adjuster _____
Address _____
City/State/Zip _____
Phone _____ Fax _____

Date of Injury _____

Claim _____ WCAB _____

Body Part(s) to be examined _____

IMPORTANT NOTES/ OFFICE POLICIES

1. This **INTAKE** form must be **TYPED** for clarity so as not to cause a delay in the scheduling of the appointment.
2. It is mandatory that the patient arrive 15-30 minutes prior to the time of their appointment in order to complete the necessary forms.
3. **MEDICAL RECORDS:** Given the new guidelines set forth by the DWC (Labor Code 4602.3), the Medical Records must now be accompanied by a Declaration with the page count of the provided documents. Without this Declaration, the medical records cannot be reviewed.
4. Due to the numerous changes set forth by the DWC affecting Medicolegal Evaluations, the appointment will be rescheduled if the Medical Records with the Declaration and Attestation are not received in our office **4 (FOUR) weeks PRIOR** to the Evaluation.

*** By my signature below I accept these policies.**

Signature

(print name)

Date (REV. 08/21)