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Personal Injury Referral Form

Referring Attorney: _____

Please specify any special requests, upcoming litigation deadlines etc.

Please outline the scope of assignment:

Plaintiff Name:

Plaintiff Address (please include city, state, zip):

Plaintiff Phone & Email:

Venue Case #:

Plaintiff's Attorney's Name:

Firm Address (please include city, state, zip):

Telephone number:

Email Address:

Defense Attorney's Name:

Address (please include city, state, zip):

Telephone number:

Email Address:

MEDICAL RECORDS

Please send chronological organized digital files to our office by your choice of share drive, email to: info@simongroupconsulting.com, or fax to (408) 971-9100

To avoid report delays please send all AME, PQME, QME and PTP reports 30 days prior to the applicant's Vocational Evaluation appointment.

Medical Records: Mailed ☐ Emailed ☐ Other ☐

ADDITIONAL SERVICES

Interpreter Needed? _____

If so, language: _____

Will your office be setting up interpreter services? _____

Comments:
