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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:

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

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Telephone number:

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Email Address:

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Defense Attorney's Name:

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Address (please include city, state, zip):

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Telephone number:

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Email Address:

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## **MEDICAL RECORDS**

Please send chronological organized digital files to our office by your choice of share drive, email to: [info@simongroupconsulting.com](mailto: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:

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