

Shipp Needham Economic Analysis, LLC
Life Care Planning
Initial Contact Form

Date of Contact:	____/____/____	
Name of Attorney:		
	Work #: ()	Mobile #: ()
	Email:	
Disputing Party:		
<i>Referral Source</i>		
Address:		
Phone #:	()	()
Contact Person:		
Email:		
Type of Case: (Circle)	Plaintiff	Defense
Venue/Arena: (Circle)	Personal Injury	Medical Malpractice
	Chronic Disability Planning	
	Other:	
Jurisdiction: (Circle)	State	Federal
Opposing Counsel		
Opposing Expert Retained: (Circle)	Yes	No
Is the Case in Litigation? (Circle)	Yes	No
	Date Needed: ____/____/____	Trial Date: : ____/____/____
<i>Demographic Information</i>		
Name:		
Gender: (Circle)	Female	Male
	Work #: ()	Mobile #: ()
	Email:	
	Date of Birth: ____/____/____	Date of Injury: ____/____/____
Mailing Address:		
Type of Injury:		
Medical Records: (Circle)	Received	Not Received
Upcoming Medical Evaluations: (Circle)	Yes	No
	Evaluation Date: ____/____/____	
Miscellaneous Information:		