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**Information Required for Lost Earnings Evaluation: Medical Malpractice**

Name of Plaintiff(s): \_\_\_\_\_

**Demographic Characteristics of Subject**

- Date of Birth \_\_\_\_\_
- Race \_\_\_\_\_
- Gender \_\_\_\_\_
- Citizenship: Natural Born (U.S.) Naturalized Other: \_\_\_\_\_
- Highest grade of school completed/degrees received \_\_\_\_\_  
\_\_\_\_\_
- Occupation prior to incident \_\_\_\_\_
- Can subject continue in same occupation? \_\_\_\_\_
- Marital Status \_\_\_\_\_
- Date of Birth of Minor Children or other dependents \_\_\_\_\_  
\_\_\_\_\_
- Date of Injury \_\_\_\_\_
- Last Day Working \_\_\_\_\_

**Prognosis for Recovery**

- What is the condition of victim – Temporarily Disabled, Permanently Disabled, Partially Disabled, or Totally Disabled \_\_\_\_\_
- Evidence of Disability (*please provide doctor's report, Social Security Disability Rating, etc.*)  
\_\_\_\_\_
- Has the victim returned to work? \_\_\_\_\_
- Are there any pre-existing medical conditions or disabilities? \_\_\_\_\_  
\_\_\_\_\_
- If so, do they restrict the type or amount of work the victim can perform? \_\_\_\_\_  
\_\_\_\_\_
- Has the victim started (or completed) any vocational training, rehabilitation? \_\_\_\_\_  
\_\_\_\_\_
- Post-injury occupation \_\_\_\_\_

# Information Required for Lost Earnings Evaluation: Medical Malpractice

## Earnings History

- What were the plaintiff's earnings at the time of the accident? \_\_\_\_\_
- Documentation of earnings (*please provide tax returns, W-2 forms, paycheck stubs, etc.*) \_\_\_\_\_
  - Pre-injury earnings
  - Post-injury earnings
- Fringe benefits (*please provide letter from the employer, employee manual, etc.*) \_\_\_\_\_
  - Pre-injury benefits
  - Post-injury benefits

## Other Considerations

- Lost contribution to household chores (hours worked at chores before the injury, types of activities that can no longer be done) \_\_\_\_\_
- Hourly cost of replacement help for household chores \_\_\_\_\_
- Past and/or expected future medical expenses (i.e. *Expert Medical Life Care Plan*) \_\_\_\_\_
- Lost quality of life considerations (activities that can no longer be enjoyed because of injury) \_\_\_\_\_

## Other important documents to include:

- Copy of the complaint
- Copy of relevant expert reports
- Copy of relevant depositions