

Organizing Medical Records

When records are sent from a facility, they are usually in reverse chronological order. You and your experts want to be able to see what happened in order, not have to read backwards.

Records should be reorganized chronologically by provider or hospital, admission and sections. Put each hospital or provider behind it's own tab with the name and dates of admission/discharge. You can use pre-printed numbered medical index tabs or blank index tabs that you can write on yourself, to divide up the record by section. Make sure you provide an index to the numbered sections.

Below is an example of the order I would place the records for a personal injury case. It differs slightly from how I organized records for a medical malpractice case. For personal injury cases I put the most referred to records up front.

For Hospital Records

If it is death case- I would put the death certificate and autopsy at the front of the records.

Ambulance
Emergency Room
History and Physical
Discharge Summary and discharge orders or instructions (if separate from regular order section)
Consults
Progress Notes
Tests *(These first 7 will be the most important, so you should put them first for easier access.)*
Orders
Vital signs
Intake and output if not on flowsheet
Nursing Flow sheets, notes, assessments
Labs
Misc.

When organizing nursing notes and flow sheets, be very careful about the dates. The dates are not on every page. Experienced nurses have spent hours trying to figure out which pages went together. **It would really be best when asking for the records to always ask that they copy the nursing flowsheet on larger paper to get all the pages together or staple the pages together for each date.**

This may not be as important with so many facilities going to computerized medical records. If you get records that are numbered 1 to xxx, do not put them in chronological order, just leave the pages as they are and try to tab the beginning of each section as best you can. There may be records that have two different sections on one page. They will probably be organized in reverse chronological.

If the records are computerized, you may try asking the facility to provide the records separated in the usual sections as noted above.

Office Records - Each provider should have his or her own tabbed divider with the first and last name of the provider together with their credential i.e. John Smith, MD, typed on the tab and maybe specialty.

For a relatively small provider record, I first put the office notes in chronological order, followed by correspondence from that provider and then everything else (labs, x-ray reports, reports from other providers) in chronological order.

Another way to organize the office record is put everything in chronological order- office visit, lab work, tests ordered from that visit. Next office visit, etc. all in chronological order. Some attorneys have preferred this method.

For large office records (for example a primary care physician), I subdivide the record with my own typed tabs. For example, first I would have office visit notes, then other categories of records such as phone messages (if they are separate from the office visits), labs, x-rays reports, correspondence from other providers, hospital records, disability and insurance records, etc.

Regarding duplicate records (when, for example, a report is sent to multiple providers) - Oftentimes it is important to know what records a particular doctor had from other doctors. Therefore, I do not normally discard duplicates. Instead, I put them together in their own section of the record with a tab labeled "Records from other provider."

If you want to scan medical records to send on CD

Organize as above, then scan and bookmark sections.

Pagination is easy if you have Adobe Standard or Professional by using footnotes. It only takes seconds, then everyone will be on the same page when referring to records.

You may want to wait until you have all the records before doing this.