



**MISSING-PERSON BETA:**

# VICTIM'S MEDICAL RECORDS FORM



(rev. 1/30/09)

## Michigan Backcountry Search & Rescue (MiBSAR)

As a US Department of Homeland Security *Community Emergency Response Team* (CERT), MiBSAR is dedicated to assisting—free of charge—law enforcement agencies and families with missing-person cold cases in remote, wilderness regions of Northern Michigan and the eastern Lake Superior watershed area of Ontario, Canada.

Michael A. Neiger, Lead Investigator  
 313 Jonathan Carver Road  
 Marquette, Michigan 49855

E-mail: mneiger@hotmail.com

Web site: <http://therucksack.tripod.com/MiBSAR/MiBSAR.htm>

906.226.9620

Official use only	Victim:	Location:		Date went missing:
	Informant:	Initials:	Location:	Date:
	Informant:	Initials:	Location:	Date:
	Informant:	Initials:	Location:	Date:
	Informant:	Initials:	Location:	Date:
	Informant:	Initials:	Location:	Date:

## Victim's medical records

Medical office  Hospital  Clinic  Other (explain):

Dr.'s Last name:	First:	Middle:
Business name:		
Hospital:		
Street:		
City:	State:	Zip Code:
TX:	E-mail:	
X-rays: <input type="checkbox"/> None <input type="checkbox"/> Partial <input type="checkbox"/> Full	CAT or CT scans: <input type="checkbox"/> None <input type="checkbox"/> Partial <input type="checkbox"/> Full	MRIs: <input type="checkbox"/> None <input type="checkbox"/> Partial <input type="checkbox"/> Full
Comments:		

## Victim's medical records

Medical office  Hospital  Clinic  Other (explain):

<b>Dr.'s Last name:</b>	<b>First:</b>	<b>Middle:</b>
<b>Business name:</b>		
<b>Hospital:</b>		
<b>Street:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>TX:</b>	<b>E-mail:</b>	
<b>X-rays:</b> <input type="checkbox"/> None <input type="checkbox"/> Partial <input type="checkbox"/> Full	<b>CAT or CT scans:</b> <input type="checkbox"/> None <input type="checkbox"/> Partial <input type="checkbox"/> Full	<b>MRIs:</b> <input type="checkbox"/> None <input type="checkbox"/> Partial <input type="checkbox"/> Full
<b>Comments:</b>		

## Victim's medical records

Medical office  Hospital  Clinic  Other (explain):

<b>Dr.'s Last name:</b>	<b>First:</b>	<b>Middle:</b>
<b>Business name:</b>		
<b>Hospital:</b>		
<b>Street:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>TX:</b>	<b>E-mail:</b>	
<b>X-rays:</b> <input type="checkbox"/> None <input type="checkbox"/> Partial <input type="checkbox"/> Full	<b>CAT or CT scans:</b> <input type="checkbox"/> None <input type="checkbox"/> Partial <input type="checkbox"/> Full	<b>MRIs:</b> <input type="checkbox"/> None <input type="checkbox"/> Partial <input type="checkbox"/> Full
<b>Comments:</b>		

**Victim's medical records** Medical office  Hospital  Clinic  Other (explain):

<b>Dr.'s Last name:</b>	<b>First:</b>	<b>Middle:</b>
<b>Business name:</b>		
<b>Hospital:</b>		
<b>Street:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>TX:</b>	<b>E-mail:</b>	
<b>X-rays:</b> <input type="checkbox"/> None <input type="checkbox"/> Partial <input type="checkbox"/> Full	<b>CAT or CT scans:</b> <input type="checkbox"/> None <input type="checkbox"/> Partial <input type="checkbox"/> Full	<b>MRIs:</b> <input type="checkbox"/> None <input type="checkbox"/> Partial <input type="checkbox"/> Full
<b>Comments:</b>		

**Victim's medical records** Medical office  Hospital  Clinic  Other (explain):

<b>Dr.'s Last name:</b>	<b>First:</b>	<b>Middle:</b>
<b>Business name:</b>		
<b>Hospital:</b>		
<b>Street:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>TX:</b>	<b>E-mail:</b>	
<b>X-rays:</b> <input type="checkbox"/> None <input type="checkbox"/> Partial <input type="checkbox"/> Full	<b>CAT or CT scans:</b> <input type="checkbox"/> None <input type="checkbox"/> Partial <input type="checkbox"/> Full	<b>MRIs:</b> <input type="checkbox"/> None <input type="checkbox"/> Partial <input type="checkbox"/> Full
<b>Comments:</b>		

<b>Interviewee's signature:</b>	<b>Date:</b>
<b>Interviewer's signature:</b>	<b>Date:</b>