Sample medical chronology for a personal injury case

From Verdica's guide, How to Prepare a Medical Chronology (Sample + Template): verdicatech.com/blog/how-to-prepare-a-medical-chronology

Here's what the seven steps produce: a complete medical chronology example, start to finish. Use it as a medical chronology sample for your own cases. The file is fictional: the client, the providers and the records were invented for demonstrations, and any resemblance to real people or organizations is unintended. Clinicians' names are left out for the same reason. A real chronology names the clinician on every entry.

The case: a 38-year-old man, stopped at a red light, is hit from behind. He goes to the emergency department by ambulance, then treats for his neck, a concussion and his left knee, which needs surgery two months later.

The file

Client: Marcus Ellery (fictional), born August 22, 1987

Incident: rear-end collision, September 12, 2025, 5:42 pm

Reviewed: 21 documents, 32 pages, numbered 1 to 32

This version: January 21, 2026

Treatment records run through: December 10, 2025

Treating providers: 8

Charges on the bill summary: $25,803.60

Records index

The documents are listed in the order they're numbered in the file, which isn't date order.

Pages	Record	Provider	Date
1-2	Ambulance run report	Somerville Fire & EMS	Sep 12, 2025
3-4	Emergency department note	Mystic River Medical Center	Sep 12, 2025
5	CT report, head	Mystic River Medical Center	Sep 12, 2025
6	CT report, cervical spine	Mystic River Medical Center	Sep 12, 2025
7	X-ray report, left knee	Mystic River Medical Center	Sep 12, 2025
8	Office visit note	Somerville Primary Care Associates	Sep 16, 2025
9	MRI report, left knee	Commonwealth Imaging Partners	Sep 24, 2025
10	MRI report, cervical spine	Commonwealth Imaging Partners	Oct 28, 2025

Pages	Record	Provider	Date
11-12	Physical therapy initial evaluation	Riverside Rehabilitation & Physical Therapy	Sep 23, 2025
13	Orthopedic consultation	Greater Boston Orthopedic Specialists	Oct 2, 2025
14-15	Concussion clinic evaluation	Mystic River Medical Center, neurology	Sep 30, 2025
16-17	Operative report, knee arthroscopy	Greater Boston Surgery Center	Nov 13, 2025
18	Physical therapy re-evaluation	Riverside Rehabilitation & Physical Therapy	Oct 21, 2025
19	Injection procedure note	Bay State Interventional Pain Center	Dec 4, 2025
20-21	Laboratory report	Mystic River Medical Center	Sep 12, 2025
22	Care coordination summary and problem list	Somerville Primary Care Associates	Dec 10, 2025
23-24	PIP benefits determination	Auto insurer, PIP claims unit	Dec 18, 2025
25	Work status certificate	Somerville Primary Care Associates	Sep 16, 2025, updated later
26	Medication record	Mystic River Medical Center, pharmacy	Dec 10, 2025
27-28	Examination report requested by counsel	New England Medical-Legal Consultants	Jan 14, 2026
29-32	Summary of medical bills, itemized by provider	Prepared by the firm	Jan 20, 2026

The chronology

Date	Provider and visit	What the record says	Source	Flag
Sep 12, 2025, 5:42 pm	Somerville Fire & EMS. Ambulance.	Collision recorded at 5:42 pm; first vital signs at 5:48 pm. **Reported:** neck pain 6/10 and headache; felt “dazed” briefly; left knee struck the dashboard. **Found:** restrained driver, stopped at a red light, hit from behind; airbags did not deploy; walking at the scene; no loss of consciousness reported by bystanders; GCS 15. **Plan:** cervical collar, transport to Mystic River Medical Center.	pp. 1-2	

Date	Provider and visit	What the record says	Source	Flag
Sep 12, 2025, 6:14 pm	Mystic River Medical Center. Emergency department.	**Reported:** neck pain, headache and left knee pain, 6/10; a brief dazed feeling with no definite loss of consciousness; denies numbness, tingling or weakness. **Found:** tenderness beside the mid-cervical spine, motion limited by pain; lumbar tenderness; left knee mild effusion and medial joint-line tenderness; normal neurologic exam. **Diagnosed:** cervical strain (whiplash-associated disorder); concussion without intracranial hemorrhage; left knee contusion with effusion; lumbar strain. **Plan:** pain medication, soft collar, concussion precautions, primary care follow-up in 3 to 5 days.	pp. 3-4	
Sep 12, 2025, 6:52 pm	Mystic River Medical Center. CT, head.	**Found:** no bleeding and no fracture. “A normal CT does not exclude concussion, which remains a clinical diagnosis.”	p. 5	
Sep 12, 2025, 6:58 pm	Mystic River Medical Center. CT, cervical spine.	**Found:** no fracture or malalignment. “Mild multilevel degenerative change with small anterior osteophytes at C5-C6, without canal compromise.” MRI suggested if symptoms persist.	p. 6	**Pre-existing condition**
Sep 12, 2025, 7:05 pm	Mystic River Medical Center. Lab tests.	**Found:** “Unremarkable baseline laboratory studies. Mildly elevated random glucose, non-fasting.” Alcohol not detected; urine drug screen negative.	p. 20	
Sep 12, 2025, 7:10 pm	Mystic River Medical Center. X-ray, left knee.	**Found:** small joint effusion, no fracture. “No significant degenerative change.” MRI recommended if pain or mechanical symptoms persist.	p. 7	
Sep 16, 2025	Somerville Primary Care Associates. Office visit.	**Reported:** neck stiffness and pain 5/10, headaches, trouble concentrating at work, poor sleep, left knee pain on stairs; missed two days of work; denies arm or leg numbness or weakness. **Found:** reduced neck motion with muscle spasm; mild light sensitivity; small left knee effusion with medial joint-line tenderness. **Diagnosed:** cervical strain, persistent; post-concussive symptoms; left knee internal derangement, suspected meniscal injury; lumbar strain. **Plan:** physical therapy; MRI of the left knee; MRI of the neck if symptoms last beyond 4 to 6 weeks; concussion clinic; naproxen; modified work duty; return in 2 to 3 weeks.	pp. 8, 25	

Date	Provider and visit	What the record says	Source	Flag
Sep 23, 2025	Riverside Rehabilitation & Physical Therapy. Initial evaluation.	**Reported:** neck pain 5/10, stiffness and headaches; trouble with long sitting, turning his head to drive and sleeping. **Found:** neck rotation 45° to the left and 55° to the right (normal 80°); muscle spasm; arm strength and sensation normal. **Diagnosed:** “consistent with cervical and lumbar strain” (whiplash-associated disorder), with muscle spasm. **Plan:** 2 to 3 visits a week for 6 weeks.	pp. 11-12	
Sep 24, 2025	Commonwealth Imaging Partners. MRI, left knee.	**Found:** tear of the posterior horn of the medial meniscus; low-grade MCL sprain and bone contusion, “consistent with acute trauma”; small area of chondral irregularity at the medial femoral condyle; moderate effusion. Orthopedic referral recommended.	p. 9	
Sep 30, 2025	Mystic River Medical Center. Concussion clinic, neurology.	**Reported:** daily headaches, trouble concentrating, light sensitivity, irritability and unrefreshing sleep, worse with screen work. **Found:** attention mildly reduced; eye-movement testing brings on symptoms; motor and sensory exam normal. **Diagnosed:** concussion with persistent post-concussive symptoms, “consistent in timing and character with the motor vehicle collision.” **Plan:** gradual return to activity, vestibular therapy referral, work accommodations, follow-up in 4 weeks.	pp. 14-15	**Follow-up not in file**
Oct 2, 2025	Greater Boston Orthopedic Specialists. Consultation.	**Reported:** medial knee pain, swelling at times, catching on stairs and when squatting. **Found:** limp favoring the left leg; small effusion; positive McMurray test; motion 5° to 120°. **Diagnosed:** symptomatic tear of the posterior horn of the medial meniscus, “traumatic.” **Plan:** 4 to 6 more weeks of physical therapy; arthroscopy if the catching persists.	p. 13	
Oct 21, 2025	Riverside Rehabilitation & Physical Therapy. Re-evaluation after 8 visits.	**Reported:** neck pain 3/10, down from 5/10; fewer headaches; knee still painful on stairs. **Found:** neck rotation 62° to the left and 70° to the right. **Plan:** twice a week for 4 more weeks.	p. 18	**Daily notes not in file**
Oct 21, 2025	Somerville Primary Care Associates. Office visit.	No note in the file. The visit appears only on the bill summary, at $185.00.	p. 30	**No visit note**

Date	Provider and visit	What the record says	Source	Flag
Oct 28, 2025	Commonwealth Imaging Partners. MRI, cervical spine.	**Reason:** “Persistent neck pain and radicular symptoms after MVC” (motor vehicle collision). **Found:** C5-C6 disc protrusion touching the left C6 nerve root; small C6-C7 disc bulge; mild facet arthropathy at C5-C6. “Findings reflect a combination of degenerative change and possible acute disc injury; correlation with the mechanism and symptom onset is advised.”	p. 10	**Late symptom; pre-existing condition**
Nov 13, 2025	Greater Boston Surgery Center. Surgery.	**Procedure:** left knee arthroscopy with partial medial meniscectomy. **Found:** tear of the posterior horn of the medial meniscus with an unstable flap, trimmed back to a stable rim; no complications. **Plan:** crutches, physical therapy, follow-up in 10 to 14 days.	pp. 16-17	
Nov 25, 2025	Greater Boston Orthopedic Specialists. Post-operative visit.	No note in the file. The visit appears only on the bill summary, at no charge.	p. 31	**No visit note**
Dec 4, 2025	Bay State Interventional Pain Center. Injection.	**Reason:** “Persistent left-sided neck and arm pain” with the C5-C6 disc protrusion, not relieved by physical therapy and medication. **Procedure:** left C6 transforaminal epidural steroid injection under fluoroscopy; no immediate complications. **Plan:** pain diary, continue physical therapy, follow-up in 3 weeks.	p. 19	**Follow-up not in file**
Dec 10, 2025	Somerville Primary Care Associates. Office visit.	No visit note in the file. The bill summary lists an office visit with care coordination at $240.00. A care coordination summary signed that day lists five active problems, including “Sleep disturbance and adjustment-related stress secondary to injuries,” and says the client “remains on modified work duty.”	pp. 22, 30	**No visit note**
Jan 14, 2026	New England Medical-Legal Consultants. Examination requested by counsel, not treatment.	**Opinions:** every injury, the “left C6 radicular symptoms” included, is “causally related” to the collision, “based on the mechanism, the immediacy of symptom onset, and the imaging findings.” “Pre-existing mild cervical degeneration was rendered symptomatic by the trauma.” The treatment was reasonable and necessary. Mild residual impairment of the neck and left knee.	pp. 27-28	**Conflict with earlier records**

Diagnoses and ICD-10 codes

The fictional records give each diagnosis in words and print no ICD-10 codes, so the codes below are matched: each is the ICD-10-CM code whose official description fits the words. One match needed a second page: the concussion code depends on whether the patient lost consciousness, and the neurologist's note says he did not (p. 14). You can look up any code in the CDC's ICD-10-CM browser. In a real file, copy the provider's own codes from the bills and claim forms.

Diagnosis as written	First recorded	Source	Matching ICD-10-CM code
Cervical strain (whiplash-associated disorder)	Sep 12, 2025	p. 4	S13.4XXA, sprain of ligaments of cervical spine, initial encounter
Concussion (mild traumatic brain injury)	Sep 12, 2025	p. 4	S06.0X0A, concussion without loss of consciousness, initial encounter
Left knee contusion with effusion	Sep 12, 2025	p. 4	S80.02XA, contusion of left knee, initial encounter
Lumbar strain	Sep 12, 2025	p. 4	S39.012A, strain of muscle, fascia and tendon of lower back, initial encounter
Posterior horn medial meniscus tear, left knee	Sep 24, 2025	p. 9	S83.242A, other tear of medial meniscus, current injury, left knee, initial encounter
Low-grade MCL sprain, left knee	Sep 24, 2025	p. 9	S83.412A, sprain of medial collateral ligament of left knee, initial encounter
C5-C6 disc protrusion	Oct 28, 2025	p. 10	M50.222, other cervical disc displacement at C5-C6 level
Post-concussive syndrome	Dec 10, 2025 (symptoms from Sep 16)	pp. 8, 22	F07.81, postconcussional syndrome

What the chronology shows

What helps the claim:

- **Care started at once.** The collision is recorded at 5:42 pm, and the client reached the emergency department at 6:14 pm (pp. 1, 3).
- **No alcohol or drugs.** The emergency lab tests were negative for both (p. 20).

- **The knee.** The X-ray that evening found “No significant degenerative change” (p. 7), and the MRI 12 days later calls the MCL sprain and bone contusion “consistent with acute trauma” (p. 9).
- **Causation in the treating records.** The neurologist calls the concussion symptoms “consistent in timing and character with the motor vehicle collision” (p. 14). The surgeon’s operative report describes a “symptomatic traumatic medial meniscus tear” following a motor vehicle collision (p. 16). The family doctor’s work certificate calls the restrictions “causally related to the collision” (p. 25).
- **The insurer’s review.** The auto insurer on his PIP claim accepted the treatment it reviewed as “reasonable, necessary, and causally related” to the collision, subject to policy limits (p. 23).

What needs work before the demand:

1. **A pre-existing condition in the neck.** The CT taken that evening notes “Mild degenerative change at C5-C6” (p. 6). The MRI 46 days later finds a disc protrusion at that level, and the radiologist reads the findings as “a combination of degenerative change and possible acute disc injury” (p. 10). The demand has to address this directly.
2. **The arm symptoms start late in the record.** The client denied arm or leg numbness on September 16 (p. 8), and his strength and sensation were normal on September 12, 23 and 30 (pp. 3, 11, 14). Arm symptoms first appear on October 28, as the reason for the MRI (p. 10). Nothing in the file says when they began.
3. **The examiner’s opinion does not fit that timeline.** The physician who examined the client for counsel ties every injury to the collision, the “left C6 radicular symptoms” included, partly on “the immediacy of symptom onset” (p. 28). The neck pain was immediate. The arm symptoms, on this record, were not. His list of records reviewed does not include the family doctor’s notes (p. 27).
4. **The note that could settle it is not in the file.** The family doctor asked the client to return in 2 to 3 weeks (p. 8). The next visit on the bill summary is October 21, five weeks later (p. 30), and it has no note. She is listed as the doctor who ordered the neck MRI, done a week after that visit (p. 10). If the arm symptoms were first reported on October 21, that note will say so. Request it.
5. **The therapy notes are not in the file.** The bill summary lists 18 therapy visits from September 23 to December 19 (p. 31), and the re-evaluation counts eight by October 21 (p. 18). The file has notes for two dates (pp. 11-12, 18). Until the daily notes arrive, the record shows gaps that the bill summary suggests are not real.
6. **Two follow-ups and one referral have no record and no bill.** The concussion clinic asked to see the client again in 4 weeks and referred him for vestibular therapy (p. 14). The pain center planned a follow-up in 3 weeks (p. 19). None appears in the records or on the bill summary. Either the visits did not happen or nobody asked for the records. Ask the client.
7. **One problem appears only once.** The phrase “adjustment-related stress” is on the December 10 problem list (p. 22) and nowhere else. If it is part of the claim, it needs a visit note behind it.

Bills matched to records

The file holds the firm's own summary of the bills (pp. 29-32), not the providers' itemized bills. A summary is a place to start. The itemized bills are the first thing to request.

Provider, as listed	Charges	Records in the file
Somerville Fire & EMS	$2,085.60	Run report (pp. 1-2)
Mystic River Medical Center, emergency department	$4,726.00	Emergency note, three imaging reports and lab report (pp. 3-7, 20). The summary lists a comprehensive metabolic panel; the lab report shows a basic one.
Somerville Primary Care Associates	$665.00	Three visits listed (Sep 16, Oct 21, Dec 10). One visit note (p. 8) and one care coordination summary (p. 22). A prescription dated Sep 30 has no visit behind it (p. 26).
Commonwealth Imaging Partners	$3,125.00	Both MRI reports (pp. 9-10)
Riverside Rehabilitation & Physical Therapy	$3,143.00	18 therapy visits listed. Notes for two dates (pp. 11-12, 18).
Greater Boston Orthopedic Specialists	$4,235.00	Consultation and operative report (pp. 13, 16-17). No note for the Nov 25 visit.
Greater Boston Surgery Center	$5,180.00	Operative report (pp. 16-17). No anesthesia record.
Mystic River Medical Center, neurology	$420.00	Concussion clinic note (pp. 14-15)
Bay State Interventional Pain Center	$2,080.00	Procedure note (p. 19). No consultation note or charge before it.
Retail pharmacy	$144.00	No pharmacy record. The hospital's medication list names the prescriptions (p. 26) but not the magnesium on the summary.
Total	**$25,803.60**	

Thirty-two pages, 19 entries and seven questions for the attorney. Most of those seven only show up once the records are in date order and the bills are sitting beside them.

Build your own. Free medical chronology template: Word or Excel. The guide that explains each step: verdicatech.com/blog/how-to-prepare-a-medical-chronology

This sample is general information, not legal advice. The case is fictional.