

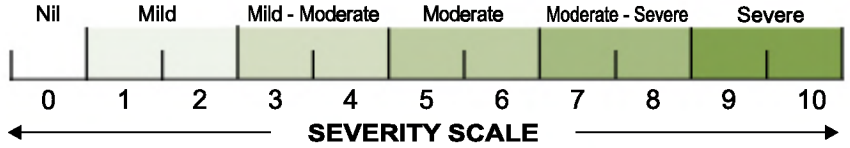


Medical Legal Questionnaire

First Language _____

Please complete and bring with you to the examination.

Circle where appropriate.



ID: Photo ID Bank Card Passport Driving Licence

CLAIMANT DETAILS

Surname _____ M / F Date of Birth _____
 Forename(s) _____
 Address _____
 _____ Postcode _____
 Tel (Day) _____ (Evening) _____
 Status: Married / Divorced / Co-habiting / Separated / Widowed / Single Accompanied by: Interpreter / Mother / Father
 Occupation: Retired / Housewife / Unemployed / Incapacity / School Occupation
 Does this involve heavy lifting? Yes / No Hours a week _____ Are you Left / Right Handed / Ambidextrous

ACCIDENT DETAILS

ROAD TRAFFIC ACCIDENT

Date: / / Time: :

Driver: Yes / No Position: Front / Rear

Vehicle fitted with Seatbelts / Air Bag / Head Restraint / Child Seat

Braking / Moving / Stopped at the time of the accident

Roundabout / Lights / Queue / Junction / Dual Carriageway /
 Single Carriageway / Single Track / Motor Way

Vehicle Impact: Rear End Shunt / Front / Driver Side / Passenger Side

Repair / Write off : £ Bumper / Panel / Crumple Zone / Doors

Spin: Anticlockwise / Clockwise

Speed Claimant Third Party

Impact Force:

Weather Conditions: Dry / Damp / Wet - Bright / Dull / Dark

Hit by Car / Bus / Van / HGV / Motorcycle / Lorry / 4x4 / People Carrier

Motorcycle / Bicycle / Scooter / Pedestrians wearing?:
 Helmet / Gloves - Shoes / Boots - Jacket / Leathers - Trousers / Jeans

ACCIDENT TYPE

MOVEMENT IN ACCIDENT

Did you brake / brace / swerve before or after the impact? _____ Did your hands / arms / feet jar? _____

Did any part of your body hit the inside of the vehicle? e.g. Head hit the door / Knees hit the dash _____

Side to Side / Forwards and Backwards / All Directions / Over Handlebars _____ Turned / Looking to Right / Left / Leaning Forward

TREATMENT

How many times did you go to casualty? GP: Nurse: Counselling: Physical therapy:

Ambulance / Spinal Board / Got a lift / X-rays / Exercise Sheet / Sick Note / Telephone Advice / Whiplash / Stitches _____

MEDICATION Ibuprofen / Diclofenac / Diazepam / Co codamol / Paracetamol / Sleeping Pills / Anti Depressant / Cream

Were you advised to rest / keep moving / do exercises / it will get worse / no heavy lifting / come back if no better / see your GP

Who did you see same day: _____ next day: _____ first week: _____ second week: _____

INJURIES

SEVERITY SCORE

Worst Now

Neck Pain / Shoulder / Upper Back / Pins and Needles in Hands / Headache	<input type="text"/>	<input type="text"/>
Low Back Pain / Mid Back / Leg Pain / Pins and Needles in Feet	<input type="text"/>	<input type="text"/>
Travel Anxiety / Panicky / Wary / Cautious / Nightmares / Flash Backs	<input type="text"/>	<input type="text"/>
Low mood: Feeling fed up / Tearful / Stressed / Angry Outburst	<input type="text"/>	<input type="text"/>

C	I	S	N	P
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Brulse Area	S	Pain?	P	Brulse Area	S	Pain?	P	Brulse Area	S	Pain?	P
Cut Area	H	Scar?	Size	Cut Area	H	Scar?	Size	Cut Area	H	Scar?	Size
Shape	Colour	Cosmetic	P	Shape	Colour	Cosmetic	P	Shape	Colour	Cosmetic	P

How did you feel straight after: Shocked / Shaken / Sick / Angry / Tearful / Dazed / Pain / Dizzy / Double Vision

YOUR PAST MEDICAL HISTORY

Attach Medication List

Allergy

Lived Abroad

Have you ever had any Operations: for example Appendix / Tonsils / Hernia / Knee Operation
Illness with medication for example Asthma / Acid / Arthritis / Headaches / Diabetes / Epilepsy / Stroke / Heart Disease

Fractures or Injuries: Falls eg. Horse / Contact Sport / Heavy Lifting

Previous Road Traffic Accidents:

YEAR	DIRECTION	SEVERITY	INJURY	YEAR	DIRECTION	SEVERITY	INJURY
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Neck Pain: Never / Occasional stiff neck / Crick in neck / Spondylosis. When

Back Pain: Never / Occasional stiff back / Slipped disc / Pulled Back / Sciatica. When

Psychological: None / Stress / Depression / Anxiety / Memory / Behaviour / Learning Problems?

LOSS (WEEKS)

Living with

Work - How much time off work / study, did you have?

Light Duties / Reduced Hours / Self Employment / Desk Job / Heavy Lifting

Child Care	<input type="checkbox"/>	Getting Dressed / Washed	<input type="checkbox"/>	Sleep	<input type="checkbox"/>
DIY	<input type="checkbox"/>	Holidays	<input type="checkbox"/>	Social Life	<input type="checkbox"/>
Dog Walking	<input type="checkbox"/>	Ironing	<input type="checkbox"/>	Sport Eg: gym / running	<input type="checkbox"/>
Driving	<input type="checkbox"/>	Lifting	<input type="checkbox"/>	Study	<input type="checkbox"/>
Gardening	<input type="checkbox"/>	Shopping	<input type="checkbox"/>	Vacuuming	<input type="checkbox"/>

EXAMINATION

To be completed by Medical Expert

Height: Weight:
Chest Heart Abdo Anxious Depressed Stressed:
Clicks / Rolls Neck / Rolls Shoulder / Alignment / Hypersensitivity
Moves Stiffly Stick W/C Lateral Lumbar Flexion

Hips GT Osgood Schlatter's
Squat, Tiptoes, ASIS Medial / Lateral Ligament,
Patella Upper/Lower TFL Joint Line, Shin Splint

Cervical Spine

Lateral, C. ROM %
F E RF LLF RR LR

Thoracic Spine

Lateral, Kyphosis %
Costo Sternal Segment

Lumbar Spine

Anterior L. Flexion Scoliosis
Sciatic Femoral SI
SLR

Shoulders ROM Pain Grip
Coracoid Radial Head FCU
Acromio Clavicular De Quervains FCR
Sterno Clavicular Tennis ECR
Golfers ECU
APB

Ankle Joint Line 5MT
Medial / Lateral / Triangular Morton
Achilles Subtalar
Plantar Fasciitis Biomechanical

OPINION

To be completed by Medical Expert

Advice Physical Psychological Podiatry Reasonable Physical Therapy Weeks off work Fit for light duties

Recovery Neck Back Travel Low The Scar is stable and permanent, further treatment is not recommended

The examination was consistent with OA of the spine / Full Recovery. Request medical records Physio records X-ray reports.

OBOP there was no closed head injury. To investigate continuing symptoms