

CONFIDENTIAL
CLIENT'S MEDICAL EXAMINATION REPORT TO ATTORNEY

Name _____

File # _____

Please be sure to fill out this form in detail. If additional room is needed use a separate sheet of paper and identify the answer by number. Do not write on the back of the report.

Date of Exam _____ Time of Appointment _____

Name of Doctor _____

Date of most recent examination prior to this _____

Performed by _____

Round trip mileage _____ Parking Cost (with receipt) _____

1. Time you arrived _____ Time you left _____

2. How long before you saw the doctor _____

3. How much time spent asking you questions _____

4. How much time spent examining you _____

5. Did you miss any time from work _____

If so, name of employer _____

Rate of pay _____ # of hours missed _____

If possible, please attach a pay stub documenting the above.

Please circle the appropriate response or responses.

6. My medical **HISTORY** was taken by:

- a. the doctor b. the nurse c. part by both d. other

7. The method by which my medical **HISTORY** was taken:

- a. shorthand b. written out c. on a typewriter d. by recorder

8. Was your medical history read back to you: yes no

9. Were you able to fully answer all questions and explain your injuries and complaints: yes no

If no, what did you want to say? _____

10. Did the doctor touch a pin, feather, or other object to your:

- a. face b. arms or hands c. legs or feet

11. If so, what object was used and describe how? _____

12. Did you notice any numbness or have difficulty feeling these tests? yes no
13. If yes, explain those feelings: _____

14. Did the doctor check your reflexes in any of the following:
a. elbow b. ankle c. wrist d. knee e. back
15. Were you instructed to stand with your eyes closed: yes no
16. Were you instructed to stand on each foot separately: yes no
17. If you had any difficulty doing this, explain _____
18. Did the doctor test your grip either by: a. hand b. instrument
19. Did the doctor measure your: a. arms b. thighs c. calves d. leg length
If so, were you measured carefully: yes no
20. Did the doctor press on your: a. neck b. back c. legs
If this caused pain, please explain _____
21. Did the doctor ask you to bend your: a. neck b. back c. arms d. legs
If this caused you pain please explain _____
Were you able to bend normally _____
22. Did the doctor turn your head in different directions: yes no
If this caused you pain please explain _____
Explain if the doctor was able to turn your head and neck normally _____

23. Were you asked to lay down and raise your leg straight up: yes no
If this caused you pain please explain _____
Explain if the doctor was able to raise your leg normally _____
24. Were you asked to bend over and try to touch the floor: yes no
If this caused you pain please explain _____

How close to the floor could you reach _____

25. Which of the following examinations or tests did the doctor perform:

a. blood pressure b. blood test c. temperature c. urine

26. Were your eyes examined: yes no

Looked into with flashlight: yes no

Asked to follow moving object: yes no

27. Were your ears examined: yes no

Was a hearing test done: yes no

28. Describe any examination performed that is not mentioned above _____

BEFORE THE EXAMINATION

29. Describe all activities you engaged in today prior to the examination _____

30. Did you receive any treatment or take any medication prior to this examination _____

31. Have you taken or will you take any medication subsequent to this examination _____

32. Following this examination do you feel your condition is worse in any way and how _____

33. Do you feel that anything unusual occurred during the examination, and if so describe _____

34. Please list any comments made by the doctor, word for word to your best recollection, regarding

Your present condition

Your lawsuit or lawyer

Other doctors or other treatments

The cause of your complaints

35. Did the doctor make any recommendations or suggestions to you? _____

36. List as many question as possible that the doctor asked you and the responses that you gave

Is there anything else that occurred during the IME that your doctor or your lawyer should know about?

Client's signature

Date

* Please recheck the questionnaire and make you sure have filled it out completely. This information is absolutely essential to the successful handling of your case.