

REPORT OF INDEPENDENT INSURANCE MEDICAL EXAMINATION

Please fill out this form immediately after the exam and return it to your doctor and attorney.

YOUR NAME:

DATE OF EXAM:

EXAMINING DOCTOR'S NAME:

WHAT TIME DID YOU GET TO THE DOCTOR'S OFFICE?

HOW MUCH TIME WAS SPENT IN THE WAITING ROOM?

HOW LONG WERE YOU ACTUALLY WITH THE DOCTOR?

HOW MUCH TIME WAS SPENT ANSWERING QUESTIONS?

HOW MUCH TIME WAS SPENT IN BEING EXAMINED BY THE DOCTOR?

WHAT TIME DID YOU LEAVE THE OFFICE?

WERE YOU QUESTIONED BY A NURSE OR STAFF PERSON BEFORE SEEING THE DOCTOR?

WERE X-RAYS TAKEN or OTHER DIAGNOSTIC TESTS UTILIZED?

IF SO, OF WHAT PART OF YOUR BODY?

PLEASE STATE ANY QUESTIONS YOU REMEMBER THE DOCTOR ASKING YOU AND WHAT YOUR ANSWERS WERE:

DID THE DOCTOR ASK YOU SPECIFIC QUESTIONS ON WHAT MADE IT WORSE OR BETTER?

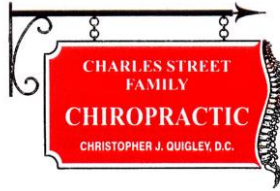
DID THE DOCTOR LET YOU DESCRIBE THE PAIN IN YOUR OWN WORDS?

DID THE DOCTOR ASK YOU ABOUT ANY (BODY PART) SYMPTOMS?

DID THE DOCTOR ASK YOU ABOUT ANY ACCIDENT SPECIFICS?

DID THE DOCTOR ASK YOU ABOUT ANY TREATMENTS YOU HAVE HAD AND/OR ARE PRESENTLY RECEIVING?

DID THE DOCTOR ASK YOU ABOUT PAST HISTORY OF PRIOR SURGERY, PREVIOUS TRAUMA, SERIOUS ILLNESS, MEDICATIONS OR ALLERGIES?



DID THE DOCTOR ASK ABOUT ANY WORK ACTIVITIES?

WERE YOU GOWNED?

DID THE DOCTOR OR STAFF MEASURE THE MOVEMENT OF YOUR SPINE?

DID THE DOCTOR OR STAFF USE ANY INSTRUMENTS OR TOOLS TO MEASURE YOUR MOVEMENT?

DID ANYONE TAKE YOUR BLOOD PRESSURE AND PULSE?

DID THE DOCTOR TOUCH THE PAINFUL REGION?

WAS THE REFLEX HAMMER USED?

PLEASE STATE ANY COMMENTS THE DOCTOR MADE TO YOU ABOUT YOUR CASE, INJURIES OR HIS OPINIONS:

OTHER COMMENTS OR INFORMATION?

Your signature: \_\_\_\_\_ date: \_\_\_\_\_