

MR.(Dr.) S. VENKAT. Consultant Orthopedic Surgeon

Claimant's Questionnaire for Personal Injury Claims

1) PERSONAL DETAILS:

Mr / Miss / Mrs /Dr / Others _____ Surname _____ First Name(s) _____

Age _____ Date of Birth ___/___/___ Height _____ Weight _____ Dominant hand: Right / Left

Marital Status: Single / Married / Separated / Divorced / Widow / Living with partner

Occupation At the time of the accident: _____ Present Occupation: _____

2) ACCIDENT DETAILS (Circumstances of accident): **Referred as 'Index Accident'**

Date of accident ___/___/___ Place of accident (Town) _____ Time of accident _____

Car Accident:

1. A. Were you the: Driver / Front seat passenger / Back seat passenger
B. If you were the passenger who was the driver? _____
C. Type of vehicle you were travelling in: Car / Van / Taxi / Four by four / Bus
2. Road conditions: Dry / Wet / Icy / Other: _____
3. Were you wearing a seat belt? Yes / No
4. Were you: Stationary / Moving If moving, what was your approximate speed _____ mph?
5. What kind of vehicle hit you? Car / Van / Truck / Four by four / Bus / Other: _____
6. What was the speed of the third-party vehicle (approximate) _____ mph. Stationary / Not known
7. Site of Accident: Traffic lights / Roundabout / Road junction / Straight road / Motorway / Other: _____
8. Type of collision: Head on / Rear impact / Driver's side impact / Passenger side impact
9. Did the following attend the accident? Police / Ambulance / Fire Brigade / None
10. Did the air bag inflate at impact? Yes / No
11. Did your vehicle: Remain Upright / Overturn / Roll over
12. Were there more than two vehicles involved? Yes / No If yes, how many vehicles _____

Motorcycle Accident / Bicycle Accident

1. Were you the: Rider / Pillion Passenger
2. Weather conditions and visibility were: Good / Bad If bad, why? _____
3. Road conditions: Dry / Wet / Icy / Other: _____
4. Were you: Stationary / Moving If moving, what was your approximate speed _____ mph?
5. What kind of vehicle hit you? Car / Van / Truck / Four by four / Bus / Other: _____
6. What was the speed of the third-party vehicle? (Approximate) _____ mph / Stationary / Not known
7. Site of Accident: Traffic lights / Roundabout / Road junction / Straight road / Motorway / Other: _____
8. Did the following attend the accident? Police / Ambulance / Fire Brigade / None
9. Brief description of the accident or additional information:

Other Accident description: Please use separate sheet if necessary

Injury at work / Injury in a public place / Pedestrian hit by a vehicle / Other

Please provide a brief description of your accident, which will be documented into the report as your statement:

3) INJURIES SUSTAINED.

Please list the Parts of your body that were injured in this accident

1. _____ Right / Left has it fully (100%) resolved? Yes / No
2. _____ Right / Left has it fully (100%) resolved? Yes / No
3. _____ Right / Left has it fully (100%) resolved? Yes / No
4. _____ Right / Left has it fully (100%) resolved? Yes / No
5. _____ Right / Left has it fully (100%) resolved? Yes / No
6. _____ Right / Left has it fully (100%) resolved? Yes / No

4) TREATMENT DETAILS

A. Treatment at the scene of Accident

Did you receive any treatment at the scene of Accident? Yes No If yes, please provide details _____

B. Accident & Emergency: (attendance for index accident-related injuries)

Did you go to A&E? Yes / No If yes, please provide details:

1. Hospital Name: _____ Date of attendance _____/_____/_____
2. How did you get to A&E? Self / Ambulance / Spouse / Friend / Other _____

Did you have an x-rays/scans: Yes / No If yes, which parts of your body _____

3. Treatment you received in the A&E department: Pain Killers / Examination and advice / Plaster cast
Suturing of cuts /Lacerations / Cleaning and wound dressing / Referred to fracture clinic

C. Further Treatment Details

1. Were you admitted to the hospital for accident-related injuries? Yes / No If yes, how long for? _____ Days
2. Have you had any other treatment including operations for the accident related injuries? Yes / No

If yes, please provide details _____

3. Have you had: Physiotherapy / Osteopathid / Chiropractic / Nil Other _____
If yes how many sessions _____

4. Have you had any private treatment for the injuries sustained in this accident? Yes / No
If yes, please provide details _____

General Practitioner (GP) Treatment

Have you seen your GP for the injuries sustained in this accident? Yes / No

1. First visit to your GP: Same day / Next day / Within _____ weeks/months.
2. Total number of visits to your GP regarding your injuries: _____
3. Last visit to your GP regarding your injuries: Within the last _____ weeks/months.
4. Treatment given by your GP: Pain killers / Arranged X-Rays / Arranged MRI scan / Arranged Physio
Referred to a specialist /

5) CURRENT STATUS

1. Are you still suffering as a result of the index accident? Yes / No
2. If yes, what are your present symptoms? _____
3. Are you taking any medication (e.g., painkillers?) for your injuries? Yes / No
If yes, are you taking them regularly? / taking them as and when necessary
6. Do you have any visible scarring to your body as a result of this accident? Yes / No

If yes, please give details: _____

6) PAIN, SUFFERING AND CHANGE OF CIRCUMSTANCES

Domestic activities and social history:

Do you have any difficulty with household chores as a result of the accident? Yes / No

If yes, what chores? _____. For how long? _____

Sports and leisure activities:

1. Have your leisure or recreational activities been limited by the direct result of this accident? Yes / No

If yes, what are they? _____. For how long? _____

Work:

1. Have you taken any time off work as a direct result of this accident? Yes / No

If yes, for how long? _____ Days/ Weeks/ Months. From _____ To _____

Have you suffered any loss of earnings due to this accident? Yes / No . If yes, please give details: _____

Psychological trauma

Have you been psychologically affected by this accident? Yes / No . If yes, please give details: _____

Nervousness when driving / Stopped driving / Flashbacks of the accident / Anxiety / Stress / Depression

2. Have the symptoms fully resolved? Yes / No If yes, how long did they take to resolve _____ months?

7) PREVIOUS ACCIDENTS

1. Have you had any previous accidents? Yes / No

2. If Yes, was it a Car Accident / Motorcycle / Bicycle / Accident at Work / Injury in a Public Place /

3. Brief history of accident: _____

4. Injuries sustained : 1. _____ 2. _____ 3. _____ 4. _____

5. Have you fully recovered from the injuries? If yes, how long it took to recover? _____ Weeks/months

6. If, not fully recovered, what were the symptoms at the time of the Index Accident? _____

7. If you had more than one accident, How many accidents? _____ When? _____

Please provide details _____

8) PREVIOUS ACCIDENT CLAIMS

Have you made any claims for previous personal injuries? Yes / No If yes, How many? _____

9) PAST MEDICAL HISTORY

1. Have you suffered from depression or had any psychiatric treatment prior to the index accident? Yes / No

If yes, please give details _____

2. Have you had any previous neck pain (anytime in your life before this accident)? Yes / No

If yes, had the neck pain resolved prior to this accident? Yes / No

3. Have you had any previous back pain (anytime in your life before this accident)? Yes / No

If yes, had the back pain resolved prior to this accident? Yes / No

4. Have you had any pre-existing symptoms or injuries (anytime in your life before this accident) in the part of your body that was injured in this accident? Yes / No / If yes, please provide details: _____

10) ANY ACCIDENTS SINCE THIS ACCIDENT?

Have you had any accidents since this accident? Yes / No / If yes, please provide details: _____

Are you making a personal injury claim for the above accident? Yes / No

Please use a separate sheet for any additional information regarding this personal injury claim.

FOR EXPERT(Doctor) USE ONLY:

Name of Claimant: _____ **Clinic date:** _____ **Venue:** Harley/ Enfield / South Woodford

Agency: Speed / Premex / Premier / DC / Other: _____

Accompanied: _____ **Unaccompanied**

ID: Passport / DL / Work Badge / Oyster Card / Freedom pass /

General Examination: Depressed / anxious / stick / Crutch / Limp / Stiff Back / Stiff Neck

Weight: Overweight / Obese / Apprehensive to move the injured parts / Low mood / Fit & well built.

Rising from sitting to examination table: Unable / Able / with Difficulty / Needs help / arthritis

Historian: Poor/**Command of English:** Just adequate /poor/Interpreter/accompanying person

EXAMINATION

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

Opinion and Prognosis

1. Likely to resolve/should have resolved/ resolved in _____ months
2. Likely to resolve/should have resolved/ resolved in _____ months
3. Likely to resolve/should have resolved/ resolved in _____ months
4. Likely to resolve/should have resolved/ resolved in _____ months
5. Likely to resolve/should have resolved/ resolved in _____ months
6. Likely to resolve/should have resolved/ resolved in _____ months
7. Likely to resolve/should have resolved/ resolved in _____ months

Further treatment, investigations and recommendations:

Treatment: Physiotherapy /Another course of physio /Home Exercise /Continue the present Treatment

MRI: Cervical spine / Lumbar Spine /Thoracic Spine /Shoulder / Knee / Wrist / Hip. Right / Left

Opinion: Occupational Physician/Neurologist/Neurosurgeon /General Surgeon/Facio-Maxillary Surg/ ENT /Chartered clinical psychologist /Plastic surgeon for scars /Ophthalmologist/Others: _____

LOI: No LOI/ no list of injuries /Previous reports NA/Medical Records NA/inconsistency/ill-defined Widespread

T/Catastrophizing/ Co morbidities/ Occipital Neuralgia/WAD 1 2 3 4./ Chronic Pain Syndrome /

Work: Unable to quantify the loss of income /Lost Job/Made redundant /not returned to work since IA

Acceleration ____Yrs./exacerbation. ____months. **Two accident:** First ____ % Second ____%

Risk of Arthritis: ____ % in 5-10 years. / Disproportionate symptoms. Non-anatomical distribution.

If medical help was sought earlier, recovery could have been achieved by ____ Months.