

# Mr. S. Venkat. MSc Ortho (London) FRCS

Consultant Orthopaedic Surgeon and Consultant Medico-Legal Expert.

(Full name: Mr Sengodan Venkateswaran. GMC Number 2426554.)

## Re Examination Questionnaire

Your appointment Date: Time: Venue:  London  South Woodford  Enfield

As you are aware, I have prepared an independent report for your personal injuries claim. I have been asked to re-examine you and prepare another medical report by your Solicitors because you have not fully recovered from your injuries. I would like you to provide me with the following details.

- List of symptoms which have resolved after my last examination
- Any persisting symptoms.
- Treatment details like physiotherapy, osteopathy or chiropractic
- Visits to your GP or hospital for the index accident related symptoms
- Investigation details like X-ray or MRI scans.

Please fill in the questionnaire as accurately as possible in black. If necessary please use a separate sheet to provide additional information.

**Please do not post the filled questionnaire to me or to your solicitor. Please bring it with you on the day of your appointment.**

**Please bring a photographic I.D with you**(please note we cannot accept I.D after the appointment). Please arrive at least **15 minutes** earlier to your given appointment. If you arrive 15 minutes later than your scheduled appointment, it may not be possible to carry out the examination.

I look forward to seeing you on the day of your appointment.

S. Venkat

### **The Consultation Venues:**

10 Harley Street, London, W1G 9PF

Enfield - Willow House Surgery, 285 Willow Road, Enfield, EN1 3AZ

South Woodford (London) – Lilly House, South Woodford, London, E18 1BD

### **Correspondence Details:**

DRSV Medicals Limited, 22 Woodside Road, Woodford Green, Essex G8 0TR

Secretary: Gail Tomkins, Mobile No: 07428 050956.

E-mail: dr.s.venkatreports@gmail.com

## RE-EXAMINATION QUESTIONNAIRE

### **1: PERSONAL DETAILS:**

Mr/Miss/Mrs. SURNAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Occupation: Present \_\_\_\_\_

Marital Status:  Single  Married  Separated  Divorced  Widow  Living with Partner

Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Dominant Hand: \_\_\_\_\_

### **2: ACCIDENT DETAILS:**

Date of accident \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of accident (Town) \_\_\_\_\_

Date of last Examination by Dr. S. Venkat: \_\_\_\_/\_\_\_\_/\_\_\_\_

Type of Injury: Car Accident  Motorbike Accident  Injury at Work  Injury at Public place

### **3: PARTS OF YOUR BODY INJURED IN THE ACCIDENT (PLEASE SPECIFY THE SIDE)**

1. \_\_\_\_\_ has it resolved? Yes  No
2. \_\_\_\_\_ has it resolved? Yes  No
3. \_\_\_\_\_ has it resolved? Yes  No
4. \_\_\_\_\_ has it resolved? Yes  No
5. \_\_\_\_\_ has it resolved? Yes  No
6. \_\_\_\_\_ has it resolved? Yes  No
7. \_\_\_\_\_ has it resolved? Yes  No

### **4: CURRENT SYMPTOMS:**

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### **5: MEDICAL MANAGEMENT SINCE MY LAST EXAMINATION:**

#### **Medication**

#### **5.1: General Practitioner Treatment**

Did you see your GP for accident related symptoms since my last examination? Yes  No

Number of further visits to your GP regarding this accident since my last examination \_\_\_\_\_

Pain killers - Yes  No

Did GP arrange any **X-rays/Scans**? Yes  No

If yes, what part \_\_\_\_\_

#### **5.2: Further Treatment**

1. Did you have any other treatment like:

2.  Physiotherapy  Acupuncture  Osteopathic  Chiropractic  Nil

Others \_\_\_\_\_

3. How many sessions of treatment did you have? \_\_\_\_\_

4. Was the treatment beneficial?  Yes  No
5. Are you continuing the above treatment?  Yes  No
6. When was the last session? \_\_\_\_\_ /weeks/months

**5.3 Hospital Treatment since the initial examination:**

- Did you go to the hospital since the last examination?  Yes  No
- If yes, Hospital Name: \_\_\_\_\_ Date of attendance: \_\_\_\_/\_\_\_\_/\_\_\_\_
- Did you have x-rayScans: Yes  No
- If yes, what parts of your body were x-rayed or scanned? \_\_\_\_\_
- Did you have any operation for this accident related injuries?  Yes  No
- If yes, what operation \_\_\_\_\_

**6: OTHER INJURIES/ACCIDENTS SINCE MY LAST EXAMINATION:**

- Did you have any injury/accidents since my last examination?  Yes  No

**7: PSYCHOLOGICAL TRAUMA/EFFECTS OF INJURIES ON WORK AND LIFE STYLE:**

**7.1: Psychological Trauma**

1. Do you continue to experience any psychological symptoms since my last examination?  Yes  No
2. If yes, what symptoms did you have?
3. Nervous to drive  Travel anxiety  Suffered flash backs of the accident   
Others \_\_\_\_\_
4. Has it resolved now? Yes  No  If yes how long did it take to resolve \_\_\_\_\_ weeks/months/years
5. Did you have treatment for psychological symptoms? Yes  No

**7.2: Work**

1. Have you taken any time off work since the last examination? Yes  No
2. If yes, how long? \_\_\_\_\_ Days/ Week/ Months
3. Are you on Light duties? Yes:  No:

**7. 3: Domestic Circumstances and Social History**

1. Do you continue to have any difficulty with House work? Yes  No
2. If yes, what chores? Vacuuming  Cleaning  shopping  ironing  DIY
3. For how long did you have problem with these house works? \_\_\_\_\_ weeks/months

**7.4: Sports and Leisure Activities**

1. Is your leisure or recreational activities still limited by your symptoms? Yes  No
2. If yes, what are they?
3. How long did you have this limitation? \_\_\_\_\_ weeks/months

**7.5: Additional Information:**

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**FOR EXPERT USE ONLY**(This page is not to be filled by the Claimant)

Agency NO: \_\_\_\_\_ DOE \_\_\_\_\_  Accompanied: \_\_\_\_\_  Unaccompanied. Venue: \_\_\_\_\_ ID: \_\_\_\_\_

**Recommendations after Initial Examination:**

**Prognosis provided after Initial Examination:**

**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

**Recommendations:**

**SPECIAL NOTES:**

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