MEDICAL ASSESSMENT FORM
PATIENT/CLAIMANT TO COMPLETED IN ADVANCE OF APPOINTMENT FOR LEGAL REPORT

Please bring this form with you if you have not submitted it prior to your appointment

NAME OF PERSON COMPLETING FORM	
Patient/Claimant name	
Address	
Gender	
Date of birth	
Occupation (including details of any change since the date of accident)	
Currently at work?	Yes ☐ No ☐ Date Last Worked:
Right or left hand dominant?	Right ☐ Left ☐
Height	
Weight	
BMI (and details of any change since accident date)	
Date of accident/injury	
Total time elapsed since date of accident	Years Months

Brief Accident Details

Brief Details of Injury/Injuries Sustained

(Include steps taken immediately after accident and in subsequent few days)	
Date first treatment sought	

From who was it received?	
Were you hospitalised?	Yes ☐ No☐
If hospitalised where?	
Duration of inpatient stay?	
Total length of absence from work	Years Months From To
If absence is ongoing is it due to the accident?	
Are you in other work ?	
Number of GP visits approximately	
Number of Specialist/ Consultant visits	
Identity of Specialist/ Consultant(s), if known	

Treatment and Investigations Completed to date (related to this accident/injury)

1. *X/Rays or MRIs:*

2. Injections

3. Surgery:

Number of physiotherapy sessions, if any	
Any other treatments undertaken:	

Present Complaints (if any)

a) *Effects on Work:*

b) *Effects on normal activities of daily living:*

c) *Effects on recreation & sports activities:*

d) *Pain at night and effect on sleep:*

e) *Any other relevant information:*

Please select how you feel your condition/injury is currently affecting your ability in the following;

	Normal	Mild	Moderate	Severe	Profound
Mental Health	☐	☐	☐	☐	☐
Learning/Intelligence	☐	☐	☐	☐	☐
Consciousness/Seizure	☐	☐	☐	☐	☐
Balance/Co-ordination	☐	☐	☐	☐	☐
Vision	☐	☐	☐	☐	☐
Hearing	☐	☐	☐	☐	☐
Speech	☐	☐	☐	☐	☐
Continence	☐	☐	☐	☐	☐
Reaching	☐	☐	☐	☐	☐
Manual Dexterity	☐	☐	☐	☐	☐
Carrying/Lifting	☐	☐	☐	☐	☐
Bending/Stooping	☐	☐	☐	☐	☐
Sitting	☐	☐	☐	☐	☐
Standing	☐	☐	☐	☐	☐
Climbing Stairs	☐	☐	☐	☐	☐
Walking	☐	☐	☐	☐	☐