

MEDICAL QUESTIONNAIRE TO BE FILLED IN BY CLAIMANTS OF PERSONAL INJURY

Mr. George Ampat

Consultant Orthopaedic Surgeon with Special Interest in Spinal Disorders

PATIENT INFORMATION

Dear Sir / Madam

1. I have been asked to prepare an independent medical assessment by your Solicitor / Insurance Company / Medical Reporting Agency. To enable me to do this, you will need to tell me about your accident and I will need to examine you. It is important that you tell me about your accident and the result of that accident. It is vital that you do not underestimate the effect the accident had on you and equally important that you do not exaggerate the effect that the accident had on you.
2. When preparing a report I usually have access to all your previous medical records which would include your past illnesses, accidents, injuries, operations and medications.
3. During the examination, I will ask you to perform certain movements and it is vital that you do this to your best effort. However, you must stop me if you feel any increase in pain. You do not have to suffer any pain or discomfort during these tests.
4. Please note that I will usually expose and examine every body part that is injured. You may want to wear or bring along appropriate clothing for the examination eg. shorts if you have suffered an injury to the knee or a sleeveless vest if you have suffered an injury to the shoulder.
5. The interview and examination may take place in executive offices and it is not always possible to arrange a chaperone. You are welcome to bring a relative / friend with you. If you require a chaperone please let your solicitor know so that alternate arrangements can be made for you to see another expert.
6. At the end of the examination, I take photographs. Please note that some of these photographs will be included in the report. The report may also contain relevant information from previous medical records maintained by your General Practitioner and / or Hospital.
7. I sometimes record the video / audio of the entire / part of the interview / examination on magnetic / electronic media. The video / audio quality is not very good and the recording is done only to aid me write the report without errors. I assure you that the recording will be maintained confidentially like all other medical records and is only going to be used for purposes of preparing this report.
8. I do not represent you - that is your solicitor's job. I AM NOT ON ANY SIDE. I AM HERE TO CLINICALLY / MEDICALLY ASSESS YOU AND HELP THE COURT MAKE A DECISION.
9. On the next few pages you will find a questionnaire. It is very vital that you take time and effort to fill in the questionnaire. I require all the information to prepare a proper report and hence request you to answer ALL the questions. If you wish to add any further details to any question please continue on an extra sheet by writing the question number and then providing the extra details. On an average, it takes less than an hour to answer the questionnaire.
10. **If the appointment is for a re-examination, please answer only the relevant questions of current complaints in the questionnaire.**
11. When you come for the appointment please bring a photo ID and all the documents relevant to your injury. If you have maintained a diary with dates please bring that with you. I thank you for your co-operation.

Signed - George Ampat

Please sign below to indicate that you have read and understood the above.

1. I have read the above information and understand its contents.
2. I consent for photographs to be taken for purposes of this report.
3. I consent for the interview to be video / audio taped.
4. I understand that a chaperone may not be available during the examination.
5. I authorise Mr. Ampat and his secretary to release information to the requestor of the report.
6. I authorise Mr. Ampat to use data collected for purposes of research as long as all personal details are completely anonymised.

Signature of Patient

Print NameDate

PLEASE REMEMBER TO BRING A PHOTO ID WITH YOU WHEN YOU COME FOR THE INTERVIEW AND EXAMINATION.

NOW PLEASE ANSWER THE QUESTIONS PROVIDED

- 1. Your full name.....Date of birth.....
- 2. Your address.....Post Code.....
- 3. Date of injury..... Time of injury.....
- 4. Please describe in a few words how the injury / accident happened
-
-
-
-
- 5. If your injury was not a Road Traffic Accident move to Question 7
- 6. Was your seat belt fastened YES / NO
- 7. Did your car have Airbags? YES / NO If Yes did they deploy YES / NO
- 8. Did emergency services (Police / Ambulance / Fire) attend the scene of the accident YES / NO
If yes please give details
-
- 9. Did you get knocked our as a result of the accident YES / NO
- 10. Do you clearly remember the details of the accident YES / NO
- 11. When and how did you seek medical advice following the injury / accident and provide details.....
-
- 12. Please provide details of any further treatment you have had as a result of the injury
.....
- 13. Please provide details of the time of work that you have had to take as a result of the injury
.....
- 14. Please describe your progress following the injury / accident
.....
- 15. PLEASE ENLIST THE BODY PARTS INJURED IN THE ACCIDENT (eg Neck, right foot etc). For each
body injured, please state the complaint and when it started and the present status
.....
-
-
-
-
- 16. Have you ever in the past (before the accident) experienced pain in the body parts mentioned above?
YES / NO. If YES please provide details.....
-
- 17. PLEASE ENLIST THE ACTIVITIES THAT WERE / ARE DIFFICULT FOR YOU FOLLOWING THE
INJURY / ACCIDENT. eg. Dressing, Washing, Bathing, Toileting, Driving, Sex, Gardening etc.
At home
- At work
- At leisure

PAST MEDICAL HISTORY

18. Please provide details of all health conditions and all accidents, compensation claims in the past (entire life) and recently.....

19. Please provide details of all medications that you take (including painkillers).....

SOCIAL HISTORY

20. Your Occupation

21. Your marital status Single / Married / Living with partner / Divorced / Other (please specify).....

22. Children YES / NO .If yes numberand ages.....

23. Are you in receipt of Disability / Incapacity living allowance / Personal Independent Payment YES/NO. If 'yes', since when and provide details?

24. Dominant arm Right / Left / Ambidextrous

25. Do you smoke? YES / NO If yes how many cigarettes / tobacco in a day?.....

26. Do you drink? YES / NO If yes how many units a week.....(A pint of lager is equal to 2 units)

PERSONAL HISTORY

27. Is your sleep disturbed? YES / NO. If YES, how frequently is it disturbed Once a week / 2- 3 nights a week / Once a night / 2-3 times a night

Why do you think your sleep is disturbed

28. Your height?..... Your weight?.....

In the last 6 months has your weight Increased / Decreased / Remained constant.

29. Do you have good control of your water works (bladder)? YES / NO. If no why not?.....

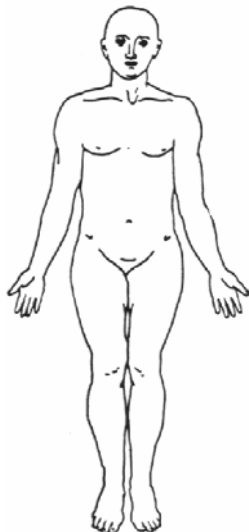
30. Do you have good control of your bowels? YES / NO. If no why not?.....

31. Do you open your bowels regularly? YES / NO. If no why not?.....

32. Can you climb a flight of stairs without being breathless YES / NO. If no why not?.....

33. Please mark on the accompanying diagrams the areas that were damaged following the accident / injury.

Please also label each mark made by you (e.g. pain, spasm, cut, abrasion, fracture, dislocation etc.)?



NUMERICAL RATING SCALE

34. Below find a few rows with the numbers from “0” to “10”. These rows are to measure the severity of your overall pain. The beginning of the line on the left indicates “0” = ‘NO PAIN’. The end of the line on the right or ‘10’ indicates the most severe pain that you can imagine. Please indicate a value of your pain by drawing a cross (X) on the line.

Before the accident – This is in case you have had pain even before the accident												
☺	0	1	2	3	4	5	6	7	8	9	10	☹
Immediately after the accident												
☺	0	1	2	3	4	5	6	7	8	9	10	☹
24 hours after the accident												
☺	0	1	2	3	4	5	6	7	8	9	10	☹
One week after the accident												
☺	0	1	2	3	4	5	6	7	8	9	10	☹
One month after the accident												
☺	0	1	2	3	4	5	6	7	8	9	10	☹
Three months after the accident												
☺	0	1	2	3	4	5	6	7	8	9	10	☹
Now												
☺	0	1	2	3	4	5	6	7	8	9	10	☹

35. Circle one number / line in each of the following two columns with regards to your health

A few days after the accident as compared to before the accident	
0	No change
-1	About the same
-2	A little worse
-3	Somewhat worse
-4	Moderately worse
-5	A good deal worse
-6	A great deal worse
-7	A very great deal worse

Now as compared to before the accident	
0	No change
-1	About the same
-2	A little worse
-3	Somewhat worse
-4	Moderately worse
-5	A good deal worse
-6	A great deal worse
-7	A very great deal worse

Many thanks for answering the questionnaire. Please bring this along with all other relevant documents for the appointment

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