

INDEPENDENT EXAMINATION INFORMATION

Name _____

File # _____

Date of Injury _____

Please answer the following questions:

1. What was the date of the examination? _____
2. Where was your examination scheduled? _____
3. What was the name of the doctor? _____
4. What time was your appointment? _____
5. What time did you arrive? _____
6. How many people were waiting in the waiting room? _____
7. What time were you taken in to see the doctor? _____
8. Who examined you, if other than the doctor? _____
9. How long did your examination take? _____
 - a. How much of this total time was spent by the doctor taking your case history (questions regarding your health and injury)? _____
 - b. How much of this total time was spent by the doctor performing the actual examination? _____
10. Explain (to the best of your ability) exactly what the doctor performed on you during your physical examination. _____

11. What questions were asked of you? _____

12. Who took your case history? _____
13. Was that information given to the doctor before the exam? _____
14. Did the doctor take written or verbal notes during the exam? _____
15. Was the doctor interrupted during the exam? _____
16. Did the doctor recommend any more treatment? _____
17. Did the doctor ask you to explain what was involved in your occupation? (lifting, bending, etc.) _____
18. Was anyone else present during the exam? _____
19. Did the doctor make any comments regarding you current treatment? _____

Comments: _____

Sworn and subscribed under the pains and penalties of perjury

On this _____ day of _____, 20_____

Patient's Signature _____

Date _____

Doctor's Signature _____

Date _____
