



Medico-legal examination with Mr TAYTON

Dear

1. I have been asked to prepare an independent medical report on you by

.....
To enable me to do this, you will need to tell me details about your accident and progress so far and I will need to examine you. 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 have access to all your previous medical records if you have authorised release of the same through your Solicitor provided they have been made available to me. These previous medical records would include your past illnesses, accidents, injuries, operations and medications and these details will be included in your report.
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 should not have to suffer any pain or discomfort during these tests. I will prepare a report based on what you tell me, and what I find during the examination. It is not possible to add to the report any symptoms that you do not tell me or write in the questionnaire at a later date.
4. I do not represent you - this is your solicitor's job. I AM NOT ON ANY SIDE. I AM HERE TO ASSESS YOU AND HELP THE COURT TAKE A DECISION.
5. Please take time and effort to fill in the attached 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.
6. We do not have a chaperone during the medico legal appointment. If you need one to be present at your appointment, please inform us beforehand.
7. When you come for the appointment, please bring two IDs (at least one with photo such as Driving Licence or passport) and all the documents relevant to your injury.

Your appointment has been made onat.....

Venue: Berkshire Independent Hospital RG1 6UZ / Circle Hospital RG2 0NE

For

Mr Edward Tayton, Consultant Orthopaedic Surgeon

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

- A. I have read the above information and understand its contents and agree to these.
- B. I authorise Mr. Tayton and his secretary to release information to the requestor of the report.

Signature of Claimant

Print NameDate.....

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

Please bring this with you to the appointment, Do NOT post it back to us.

If you wish to use an electronic version please email us or download from www.berkshirehipandknee.com

14. What did you do after the accident / injury? [Getting out of car, calling police etc.]

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.....
.....
.....
.....
.....

15. When & where did you first seek medical advice following the injury / accident?

Same day / Next day / Within a week / month / I did not seek medical advice

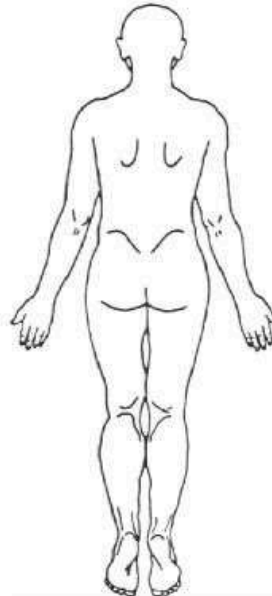
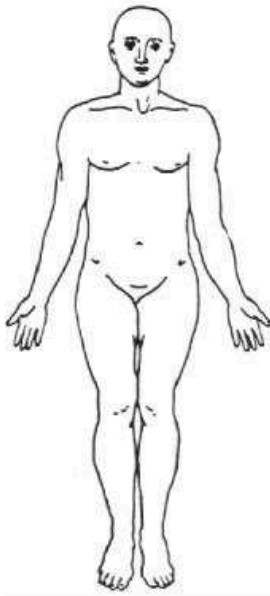
Name GP / Hospital

Please give details of the treatment provided

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.....
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.....
.....
.....

16. SYMPTOMS / COMPLAINTS

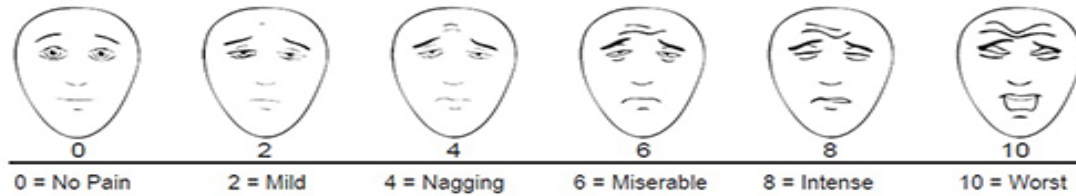
Please mark on the diagram the areas where you have / had pain or other symptoms from the accident?



Please enlist your injuries/ current complaints / problems due to the injury / accident
eg Pain in foot, Swelling in knee, neck pain etc. For each complaint use a separate row.

The scale below is to help you choose severity of symptom, for pain:

No pain is **0**, worst possible pain is **10**.



Complaint/Injury/ Symptom	When did it start?	Do you still have it? If not when did it resolve?	On a scale of 0 to 10 how bad was it when it STARTED	On a scale of 0 to 10 how bad is it NOW.

17. Have you continued to consult your GP or a hospital doctor following the injury / accident for complaints arising from the injury / accident?

YES / NO

If **YES**, please mention the dates and treatment

.....

18. Have you consulted any therapist (like a physiotherapist / osteopath / chiropractor) following the injury / accident for complaints arising from the injury / accident

YES / NO

What was the therapy?.....

Name of therapist / clinic

Who arranged it ?

Insurance company / GP / Paid by yourself

Details of sessions (Number / treatment).....

.....
.....
.....

19. Are you taking any medication now for symptoms from the above injury?

YES / NO.

Please list them here

.....
.....
.....

20. Your Dominant arm

Right / Left / Ambidextrous

21. Occupation at the time of accident.....& now.....

22. Do you smoke?

YES / NO If yes how many cigarettes in a day?.....

23. Do you suffer from any medical conditions like

Diabetes / Hypertension/ Heart problems ?

If yes, please give details

.....
.....
.....

24. Any previous accidents or injuries ?

YES / NO

Have you had any compensation claims prior to the present accident / injury

YES / NO

If yes please give dates and details

.....
.....
.....

25. Any previous complaints to the areas affected by the accident ?

YES / NO

If yes, please give details

.....
.....
.....

26. Did you suffer from any psychological symptoms from the accident?

eg : **nightmares / flashbacks / fear of travel / anxiety / depression**

.....

28. Have you had any sick leave. Please give details. From.....To.....

29. Do you normally drive a car?

YES / NO

When did you start driving again after the injury?

30. PLEASE ENLIST THE ACTIVITIES THAT WERE / ARE DIFFICULT FOR YOU FOLLOWING THE INJURY /ACCIDENT.

	Tasks	For How Long?	Is it fine now?
Self Care			
House Work			
Child Care			
Pet Care			
Sex-life			
Gardening			
Working on Computer			
DIY			
Anything else?			
Who helped you? Partner / parents / children / friends . Did you have to pay anyone?			

31. What were your leisure pursuits prior to the accident / injury? (Sports /gym/hobbies)

.....

Have you been able to restart any of these after the accident / injury?

YES / NO

Leisure interest	When did you restart?	Is it fine now?

32. Was your sleep disturbed?

YES / NO For how long ?

If **YES**, how frequently is it disturbed?

2- 3 nights a week / Once a night / 2-3 times a night

Why do you think your sleep is disturbed?

.....

33. What is your height?Ftin.....cms

34. What is your weight?St.....lbs.....kgs

35. PLEASE USE THIS SPACE TO ENTER ANY OTHER RELEVANT INFORMATION.
 PLEASE USE A SEPARATE SHEET IF REQUIRED.

.....

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

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

Contact details

Mr. Edward Tayton

Consultant Orthopaedic Surgeon

Website : www.berkshirehipandknee.com

Clinic locations:

(All have free car parking & disabled access)

Berkshire Independent Hospital

Coley Park,

Swallows Croft,

Wensley Rd,

Reading

RG1 6UZ

Circle Hospital Reading

100 Drake Way,

Reading

RG2 0NE

Medicolegal secretary :

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