Medical Questionnaire

Please bring a Photo ID

CORAL REPORTS

Circle OR Tick where appropriate

Please fill and post them to (H & A Medical, Readon House, 2A Gatley Road, Cheadle, SK8 1PY) OR Mail to (admin@hamedical.co.uk)

PERSONAL DETAILS

Title: Mr/Master/Miss/Mrs/Dr
Name:_____ ☐ M ☐ F

Tel No:_____

Date of Birth: / /

Present address:_____
_____

Weight:_____ Height:_____

Date of Accident: / /

Accompanied by :

Handed: Right ☐ Left ☐ Ambidextrous ☐

Occupation: Your Job: Title:_____
☐ Unemployed
☐ Student: Primary School /Secondary School/High School/University/College
☐ House Wife ☐ Full time Carer ☐ Disabled
☐ Retired

Photo ID:
☐ Passport
☐ Driving Licence
☐ Work Id
☐ Bus Pass
☐ College ID
☐ Polish ID
☐ Romanian ID
☐ Lithuanian ID
☐ Others_____

Non-Photo ID:
☐ Utility Bill
☐ Birth Certificate
☐ Bank Card
☐ Driving licence
☐ Bank Statements
☐ NI Card
☐ Others :_____

PREVIOUS MEDICAL HISTORY

Have you been involved in any Previous or Further Accidents?
☐ Yes ☐ No

If yes: RTA / RTA- Pedestrian / Work / Slip/ Trip /Sports Assault / Other .....

How long ago? _____(Date)

Current status: Mild ☐ Moderate ☐ Severe ☐ Recovered ☐

If recovered: Duration_____

Has the symptoms worsened by this accident? ☐ Yes ☐ No

Do you have any Previous Joint Pains ☐ Arthritis ☐ ? **Muscular ☐** ☐ Yes ☐ No

If yes :Pains to: Neck / back / shoulder (R/L)/ Knee (R/L) / Cervical Spondylosis / Back spondylosis / Back disc Prolapse /Other_____)

How long ago?_____(Date)

Current status: Mild ☐ Moderate ☐ Severe ☐ Recovered ☐ Well controlled ☐

Has the symptoms worsened by this accident? ☐ Yes ☐ No

Treatment received: ☐ Physiotherapy ☐ Surgery ☐ Rheumatologist ☐ Pain Killers ☐ Orthopaedics

Have you suffered from previous Anxiety ☐ Depression ☐ Other Mental health problems ☐ ? ☐ Yes ☐ No

If yes: How long ago? _____(Date)

Current status: Mild ☐ Moderate ☐ Severe ☐ Recovered ☐ Well controlled ☐

Has the symptoms worsened by this accident? ☐ Yes ☐ No

Treatment received: ☐ Anti depressants ☐ Sleeping pills ☐ CBT /_____

Please fill in this section about your Current accident only

ACCIDENT DETAILS

Time of the Accident
☐ Morning ☐ Lunch time
☐ Afternoon ☐ Noon
☐ Late Afternoon ☐ Mid day
☐ Evening ☐ Tea Time
☐ Late Evening ☐ Night
☐ Unknown

Surface
☐ Dry ☐ Wet ☐ Damp ☐ Ice
☐ Snow ☐ Ice&Snow ☐ Others____

If you had a Work /Trip /Fall/Other type of accident: **Please free text below**

Your Vehicle Details
☐ Car ☐ Taxi
☐ Lorry ☐ 4x4
☐ Mini bus ☐ Van
☐ Motorbike ☐ Truck
☐ Bicycle ☐ Bus
☐ Articulated lorry
☐ Other _____

Your Position
☐ Driver ☐ Front passenger
☐ Rear passenger ☐ Rider
☐ Bus passenger

Your Vehicle
☐ Stationary ☐ Moving
☐ Reversing
☐ Queue of traffic

Your Location
☐ Main road ☐ Minor road
☐ Junction ☐ Traffic lights
☐ Give way ☐ Motor way
☐ Slip road ☐ Country road
☐ Roundabout ☐ Dual carriage
☐ Car park ☐ Fuel station
☐ Pedestrian Crossing
☐ Other:_____

SAFETY FEATURES

Were you wearing a Seat Belt?
☐ Yes ☐ No
if no why? ☐ Parked
☐ Hackney Driver ☐ No Seat belt

Head rest Fitted: ☐ Yes ☐ No
Aligned: ☐ Yes ☐ No

Air bag: ☐ Yes ☐ No
Did it deploy: ☐ Yes ☐ No

Child seat: ☐ Yes ☐ No
Booster seat : ☐ Yes ☐ No

Bikers: Helmet: ☐ Yes ☐ No
Protective clothes: ☐ Yes ☐ No

How many impacts did your vehicle encountered?
☐ None ☐ 1 ☐ 2 ☐ 3

What hit you : ☐ Car ☐ van ☐ 4x4 ☐ Taxi ☐ 4x4 ☐ Bus ☐ Lorry ☐ Peoples carrier ☐ Motor bike ☐ Other_____

Details: ☐ Struck(Hit) by ☐ Crashed with ☐ **3rd party Reversed**

☐ Hit from behind ☐ Hit from driver side ☐ Hit from passenger side
3rd party vehicle- (☐ pulled in the way ☐ pulled from a side road
☐ pulled from parked position ☐ failed to break ☐ failed to keep a safe distance ☐ **Reversed** out of a parking place
☐ The 3rd party Vehicle was hit from behind and was shunted into our vehicle

How did your body move after the impact :
☐ Forwards and backwards ☐ Backwards and forwards ☐ Sideways
☐ Knocked to the ground ☐ In all directions ☐ Unknown
☐ To the right and to the left ☐ To the left and to the right

Did your Vehicle hit anything? ☐ Yes ☐ No If yes : Car ☐ Van ☐
Vehicle in front ☐ HGV ☐ Wall ☐ Post ☐ Barrier ☐ Kerb ☐
Other_____

Speed at which you were hit or crashed into: High ☐ Medium ☐ low speed ☐ unknown or _____miles per hour

Which part of your vehicle was hit : ☐ Rear ☐ Front ☐ Driver side
☐ Passenger side ☐ Rear driver ☐ Rear passenger ☐ Front driver
☐ Front passenger **For Riders** : ☐ Right ☐ left ☐ Front ☐ Rear

Damage to your vehicle : Minor ☐ Moderate ☐ Severe ☐
Reparable ☐ Unknown ☐ Written off ☐

Please describe the accident in brief: (Optional) **(For all accidents including Road traffic / Slips / Trips / Work related)**

Your Name:____

SYMPTOMS FROM CURRENT ACCIDENT

Circle Appropriately

Please describe the injuries or symptoms you noticed after the accident. Include both Physical and Psychological symptoms

STI: Soft Tissue Injury
MSKI: Musculoskeletal Injury
WPI: Whiplash Injury
Psy: Psychological
BI: Bone Injury **HI:** Head Injury
DT: Direct Trauma **TN:** Trapped Nerve

Mild **Moderate** **Severe**

0 1 2 3 4 5 6 7 8 9 10

Injuries sustained Example: Neck Pain, Back Pain, Shoulder Pain, Fear of Travel, Cry and Upset	**When started?**	**How bad was it initially?**	**How are they now?**	Diagnosis / Prognosis **(EXPERT TO FILL)**
	☐ Immediately ☐ Within 24 hours ☐ Next day ☐ Few days	☐ Mild ☐ Moderate ☐ Severe ☐ Bad for____Weeks/ Months	☐ Mild ☐ Moderate ☐ Severe ☐ Occasional ☐ Gone After___W/M ☐ Inc Previous Problem ☐ Inc Previous Accident ☐ Inc Further Accident	Diagnosis: STI/MSKI/WI/BI/HI/DT/TN /Unknown/ Psy-Trauma Prognosis in Months: ☐ Ref : Physio/Ortho/Psycho /Neuro/ENT/Opthal/Dentist/MAXF ↑ PC ☐ PA ☐ SA ☐
	☐ Immediately ☐ Within 24 hours ☐ Next day ☐ Few days	☐ Mild ☐ Moderate ☐ Severe ☐ Bad for____Weeks/ Months	☐ Mild ☐ Moderate ☐ Severe ☐ Occasional ☐ Gone After___W/M ☐ Inc Previous Problem ☐ Inc Previous Accident ☐ Inc Further Accident	Diagnosis: STI/MSKI/WI/BI/HI/DT/TN /Unknown/ Psy-Trauma Prognosis in Months: ☐ Ref : Physio/Ortho/Psycho /Neuro/ENT/Opthal/Dentist/MAXF ↑ PC ☐ PA ☐ SA ☐
	☐ Immediately ☐ Within 24 hours ☐ Next day ☐ Few days	☐ Mild ☐ Moderate ☐ Severe ☐ Bad for____Weeks/ Months	☐ Mild ☐ Moderate ☐ Severe ☐ Occasional ☐ Gone After___W/M ☐ Inc Previous Problem ☐ Inc Previous Accident ☐ Inc Further Accident	Diagnosis: STI/MSKI/WI/BI/HI/DT/TN /Unknown/ Psy-Trauma Prognosis in Months: ☐ Ref : Physio/Ortho/Psycho /Neuro/ENT/Opthal/Dentist/MAXF ↑ PC ☐ PA ☐ SA ☐
	☐ Immediately ☐ Within 24 hours ☐ Next day ☐ Few days	☐ Mild ☐ Moderate ☐ Severe ☐ Bad for____Weeks/ Months	☐ Mild ☐ Moderate ☐ Severe ☐ Occasional ☐ Gone After___W/M ☐ Inc Previous Problem ☐ Inc Previous Accident ☐ Inc Further Accident	Diagnosis: STI/MSKI/WI/BI/HI/DT/TN /Unknown/ Psy-Trauma Prognosis in Months: ☐ Ref : Physio/Ortho/Psycho /Neuro/ENT/Opthal/Dentist/MAXF ↑ PC ☐ PA ☐ SA ☐
	☐ Immediately ☐ Within 24 hours ☐ Next day ☐ Few days	☐ Mild ☐ Moderate ☐ Severe ☐ Bad for____Weeks/ Months	☐ Mild ☐ Moderate ☐ Severe ☐ Occasional ☐ Gone After___W/M ☐ Inc Previous Problem ☐ Inc Previous Accident ☐ Inc Further Accident	Diagnosis: STI/MSKI/WI/BI/HI/DT/TN /Unknown/ Psy-Trauma Prognosis in Months: ☐ Ref : Physio/Ortho/Psycho /Neuro/ENT/Opthal/Dentist/MAXF ↑ PC ☐ PA ☐ SA ☐
	☐ Immediately ☐ Within 24 hours ☐ Next day ☐ Few days	☐ Mild ☐ Moderate ☐ Severe ☐ Bad for____Weeks/ Months	☐ Mild ☐ Moderate ☐ Severe ☐ Occasional ☐ Gone After___W/M ☐ Inc Previous Problem ☐ Inc Previous Accident ☐ Inc Further Accident	Diagnosis: STI/MSKI/WI/BI/HI/DT/TN /Unknown/ Psy-Trauma Prognosis in Months: ☐ Ref : Physio/Ortho/Psycho /Neuro/ENT/Opthal/Dentist/MAXF ↑ PC ☐ PA ☐ SA ☐
	☐ Immediately ☐ Within 24 hours ☐ Next day ☐ Few days	☐ Mild ☐ Moderate ☐ Severe ☐ Bad for____Weeks/ Months	☐ Mild ☐ Moderate ☐ Severe ☐ Occasional ☐ Gone After___W/M ☐ Inc Previous Problem ☐ Inc Previous Accident ☐ Inc Further Accident	Diagnosis: STI/MSKI/WI/BI/HI/DT/TN /Unknown/ Psy-Trauma Prognosis in Months: ☐ Ref : Physio/Ortho/Psycho /Neuro/ENT/Opthal/Dentist/MAXF ↑ PC ☐ PA ☐ SA ☐

POST-ACCIDENT AND IMMEDIATE TREATMENT

Attendance at the scene

☐ None ☐ Police ☐ Paramedics
☐ Traffic patrol ☐ Fireman ☐ Colleagues
☐ Passer-by ☐ First aider
☐ Nurse ☐ Other ________

Treatment at the Scene ☐ Yes ☐ No

If yes: Advice ☐ Analgesia ☐ Hard collar ☐
Spinal Board ☐ Dressings ☐
other:_________

Travel from the scene

Home ☐ Work ☐ A&E ☐ GP ☐
Walk in Centre ☐ Others_______________
How did you travel: Lift ☐ Walk in Centre ☐
Ambulance ☐ Same vehicle ☐
Other___________

WHAT OTHER TREATMENTS HAVE YOU RECEIVED SINCE THE ACCIDENT?

None ☐ Yes ☐ if yes: fill the below section

☐ A &E ☐ Walk in Centre

No of Times: ☐

Treatments received : Advice ☐
Painkillers_______________
X-Rays :CT Scan :_________Outcome :
Normal ☐ Fracture ☐ Abnormal ☐
No Bony injury ☐
ECG: Normal ☐ Abnormal ☐
Sick Note : Yes ☐ No ☐ Ongoing ☐
If yes , for how long :_______________

GP

No of Times: ☐

Treatments received : Advice ☐
Painkillers_____________
X-Rays :MRI___________ Outcome : Normal ☐
Fracture ☐ Abnormal ☐ No Bony Injury ☐

Referral : Physio ☐ Orthopaedic ☐
Osteopath ☐ Psychologist ☐

Sick Note : Yes ☐ No ☐ Ongoing ☐
If yes , for how long :_______________

Physiotherapy ☐ Osteopath ☐ Chiropractor ☐

Current status: Ongoing ☐ Finished ☐
No of Sessions: ☐

Medications:

☐ Paracetamol ☐ Ibuprofen ☐ Co-Codamol
☐ Diclofenac, ☐ Naproxen ☐ Co-Dydramol
☐ Gels ☐ Creams ☐ Amitriptyline
☐ Diazepam ☐ Tramadol ☐ Other

Are you still taking them? Finished ☐ Regular ☐
Occasional ☐

EDUCATION & EMPLOYMENT AT THE TIME OF THE ACCIDENT

(Employed / Unemployed / Home Maker / Retired/ Long term disabled/ Carer/ Student) How has the accident affected your work?

Occupation 1 _____

☐ Part time ☐ Full Time ☐ No of Hours ____Week

Time off : ☐ Yes ☐ No If yes :How Long: ☐
Weeks ☐ Months ☐ Ongoing ☐

Light duties? ☐ Yes ☐ No If yes :How Long:
Weeks ☐ Months ☐ Ongoing ☐

Reduced hours? ☐ Yes ☐ No If yes :How Long:
Weeks ☐ Months ☐ Ongoing ☐

☐ Lost Job ☐ Changed JOB ☐ Yes ☐ No
(Is it due to this accident?) ☐ Yes ☐ No

If yes: Reasons:_____

Occupation 2_____

☐ Part time ☐ Full Time ☐ No of Hours ____Week

Time off : ☐ Yes ☐ No If yes :How Long: ☐
Weeks ☐ Months ☐ Ongoing ☐

Light duties? ☐ Yes ☐ No If yes :How Long:
Weeks ☐ Months ☐ Ongoing ☐

Reduced hours? ☐ Yes ☐ No If yes :How Long:
Weeks ☐ Months ☐ Ongoing ☐

☐ Lost Job ☐ Changed JOB ☐ Yes ☐ No
(Is it due to this accident?) ☐ Yes ☐ No

If yes: Reasons:_____

Restrictions at work ☐ Yes ☐ No
☐ Assistance from others
If Yes : Current status : ☐ Mild
☐ Moderate ☐ Severe
☐ Resolved :_____ W/ M

Difficulties with :
☐ Body movements
☐ Concentration
☐ Prolonged sitting
☐ Standing
☐ Lifting
☐ Using computers
☐ Using telephones
☐ Postural difficulties

EFFECTS OF TRAVEL

Do you drive: ☐ Yes ☐ No

Have you had any problems as a Driver or a Passenger? ☐ Yes ☐ No

☐ Driver ☐ Learner Driver	Passenger	Rider	Pedestrian
☐ Mild	☐ Mild	☐ Mild	☐ Mild
☐ Moderate	☐ Moderate	☐ Moderate	☐ Moderate
☐ Severe	☐ Severe	☐ Severe	☐ Severe
☐ Recovered .....W/M	☐ Recovered ..... W/M	☐ Recovered .....W/M	☐ Recovered .....W/M

Travel Restrictions? ☐ Yes ☐ No
If Yes : Current Status : ☐ Mild
☐ Moderate ☐ severe
Recovered _____W/M

☐ I feel more anxious at Junctions
☐ Roundabouts ☐ Lost confidence
☐ When passing by the same place
☐ Vehicles come too close
☐ Discomfort during long journeys
☐ Fear of being hit from behind

HOME SITUATION

Who lives with you at home ? Children : How many ☐ Ages:_____

☐ Family ☐ Alone ☐ Partner ☐ Husband ☐ Wife ☐ Parents ☐ Mother ☐ Father
☐ Girlfriend ☐ Boy Friend ☐ House mate ☐ Brother ☐ Siblings ☐ Other .....

EFFECTS ON HOME LIFE AND SPORTS DUE TO THE ACCIDENT?

List the problems affected your Home and Sport life after the accident?

Activities Affected	How bad was it Initially after the accident ?	How is it Now? If Resolved: How long after? Weeks or Months	Did you receive help and paid for costs ?
Child Care	☐ Mild ☐ Moderate ☐ Severe ☐ Unable	☐ Mild ☐ Moderate ☐ Severe ☐ Not Started ☐ Resolved ..... W/M	Help from_____ How long?_____ ☐Unpaid ☐ Paid _____(per hour /week)
Gripping	☐ Mild ☐ Moderate ☐ Severe ☐ Unable	☐ Mild ☐ Moderate ☐ Severe ☐ Not Started ☐ Resolved ..... W/M	Help from_____ How long?_____ ☐Unpaid ☐ Paid _____(per hour /week)
☐ Cooking ☐ Dog walking ☐ Gardening ☐ Vacuuming ☐ House Work ☐ DIY ☐ Ironing ☐ Lifting ☐ Gripping ☐ Praying ☐ Shopping ☐ _____ ☐ _____	☐ Mild ☐ Moderate ☐ Severe ☐ Unable	☐ Mild ☐ Moderate ☐ Severe ☐ Not Started ☐ Resolved ..... W/M	Help from_____ How long?_____ ☐Unpaid ☐ Paid _____(per hour /week)
Personal Care ____	☐ Mild ☐ Moderate ☐ Severe ☐ Unable	☐ Mild ☐ Moderate ☐ Severe ☐ Not Started ☐ Resolved ..... W/M	Help from_____ How long?_____ ☐Unpaid ☐ Paid _____(per hour /week)
Hobbies _____	☐ Mild ☐ Moderate ☐ Severe ☐ Unable	☐ Mild ☐ Moderate ☐ Severe ☐ Not Started ☐ Resolved ..... W/M	Not Applicable
Praying	☐ Mild ☐ Moderate ☐ Severe ☐ Unable	☐ Mild ☐ Moderate ☐ Severe ☐ Not Started ☐ Resolved ..... W/M	Not Applicable
Sleep	☐ Mild ☐ Moderate ☐ Severe ☐ Unable	☐ Mild ☐ Moderate ☐ Severe ☐ Not Started ☐ Resolved ..... W/M	Not Applicable
Sex	☐ Mild ☐ Moderate ☐ Severe ☐ Unable	☐ Mild ☐ Moderate ☐ Severe ☐ Not Started ☐ Resolved .....W/M	Not Applicable
Social Life	☐ Mild ☐ Moderate ☐ Severe ☐ Unable	☐ Mild ☐ Moderate ☐ Severe ☐ Not Started ☐ Resolved .....W/M	Not Applicable

Sports Activities Affected	How bad was it Initially after the accident ?	How is it Now? If Resolved: How long after? Weeks /Months
☐ Football ☐ Sailing ☐ Fishing	☐ Mild ☐ Moderate ☐ Severe ☐ Unable ☐ Not Started	☐ Mild ☐ Moderate ☐ Severe ☐ Not Started ☐ Resolved ..... W/M
☐ Gym ☐ Exercises ☐ Golf ☐ Running ☐ Cycling ☐ Swimming ☐ Walking ☐ Tennis Tennis ☐ Yoga ☐ Zumba ☐ Boxing ☐ Cricket ☐ Darts ☐ Bowls ☐ Snooker ☐ Martial Arts ☐ Basket Ball ☐ Motor Sports ☐ Horse Ridding ☐ Mountain Bike riding ☐ Other_____	☐ Mild ☐ Moderate ☐ Severe ☐ Unable ☐ Not Started	☐ Mild ☐ Moderate ☐ Severe ☐ Not Started ☐ Resolved ..... W/M

	Holiday	Sporting Event	Funeral	Social	Wedding	Parties :Birthday ☐ Christmas ☐ New year ☐
Events missed OR Unable to enjoy?	☐Missed ☐Unable	☐Missed ☐Unable	☐Missed ☐Unable	☐Missed ☐Unable	☐Missed ☐Unable	☐Missed ☐Unable

Your Name:_____

Signature:_____ **Date:**_____

Name:_____ Appointment Date:_____

Date of Birth :_____ Place:_____

Expert to Fill

GPE: **Default** : Normal ☐ L-Stiff ☐ V-Stiff ☐ Painful ☐ Playful ☐ **Tearful:** Y ☐ N ☐ **Limp :** Y ☐ N ☐

Anxiety : Normal ☐ Mild ☐ Moderate ☐ Severe ☐

Depression : Normal ☐ Mild ☐ Moderate ☐ Severe ☐

Assistance: None ☐ W Stick ☐ Crutch(s) ☐ WC ☐

Pregnancy : _____Weeks

Chest: **Tenderness:** Right ☐ Left ☐ Both ☐ Sternal ☐

Scars :Body Part _____: Size :_____:Num: 1 ☐ 2 ☐ 3 ☐ Multiple ☐

Shape : Linear ☐ Circ ☐ Oval ☐ Triangular ☐ _____

Colour : Pink ☐ Purple ☐ Black ☐ Pale ☐ Faint ☐ VF ☐

Outcome :Perm ☐ Resolve.....Weeks/Months ☐

Deformity: Yes ☐ No ☐

Neck:

Normal ☐ Declined ☐ Recovered ☐ Not Examined ☐ Not Exam(Severe Res) ☐

Movement: Forward flexion % Extension % Right rotation % Right lateral flexion % Left rotation % Left lateral flexion %

Percentage: 100 ☐ 90-100 ☐ 80-90 ☐ 70-80 ☐ 60-70 ☐ 50-60 ☐ 50 ☐ Mild ☐ Moderate ☐ Severe ☐

Painless ☐ Discomfort ☐ Pain – Extremes ☐ Discomfort – Extremes ☐

Not due to the accident: Yes ☐ No ☐

Associated : Crepitus ☐ Swelling ☐ Deformity ☐ Neuro Deficit ☐

Tenderness: Left trapezius ☐ Para cervical region ☐ Left sub occipital region ☐ Right trapezius ☐ Right sub occipital ☐

Upper Limb :

Normal ☐ Declined ☐ Recovered ☐ Not Examined ☐ Not Exam(Severe Res) ☐

Movement: **Left :** L-Hand between shoulders % L-Hand on head % L-Grip % L-Elbow % L-Wrist %

Right : R-Hand between shoulders % R-Hand on head % R-Grip % R-Elbow % R-Wrist %

Percentage: 100 ☐ 90-100 ☐ 80-90 ☐ 70-80 ☐ 60-70 ☐ 50-60 ☐ 50 ☐ Mild ☐ Moderate ☐ Severe ☐

Painless ☐ Discomfort ☐ Pain –Extremes ☐ Discomfort – Extremes ☐

Not due to the accident: Yes ☐ No ☐

Associated: Crepitus ☐ Swelling ☐ Deformity ☐ Neuro Deficit ☐

Tenderness: **Left** :L-Trapezius ☐ L-Shoulder ☐ L-Deltoid ☐ L-Forearm Flexors ☐ L-Forearm Extensors ☐ L-Dorsal Wrist ☐ L-Ventral wrist ☐ L-Hand ☐

Right : R-Trapezius ☐ R-Shoulder ☐ R-Deltoid ☐ R-Forearm Flexors ☐ R-Forearm Extensors ☐ R-Dorsal Wrist ☐ R-Ventral wrist ☐ R-Hand ☐

Back:

Normal ☐ Declined ☐ Recovered ☐ Not Examined ☐ Not Exam(Severe Res) ☐

Movement: Back flexion % Extension % Rotation % Right lateral flexion % Right SLR % Left Lateral Flexion % Left SLR %

Percentage: 100 ☐ 90-100 ☐ 80-90 ☐ 70-80 ☐ 60-70 ☐ 50-60 ☐ 50 ☐ Mild ☐ Moderate ☐ Severe ☐

Painless ☐ Discomfort ☐ Pain – Extremes ☐ Discomfort – Extremes ☐

Not due to the accident: Yes ☐ No ☐

Associated : Crepitus ☐ Swelling ☐ Deformity ☐ Neuro Deficit ☐

Tenderness: Left supra scapular region ☐ Right supra scapular region ☐ Inter scapular region(UB) ☐ Para thoracic region(MB) ☐ Para lumbar region(LB) ☐

Bony Tenderness: Left sacroiliac joint ☐ Right sacroiliac joint ☐ Sacrum ☐ Coccyx ☐

Lower Limb :

Normal ☐ Declined ☐ Recovered ☐ Not Examined ☐ Not Exam(Severe Res) ☐

Movement: **Left :** L-Hip % L-Knee % L-Ankle %

Right : R-Hip % R-Knee % R-Ankle % R-Squat and rise % R-Standing on tip toes %

Percentage: 100 ☐ 90-100 ☐ 80-90 ☐ 70-80 ☐ 60-70 ☐ 50-60 ☐ 50 ☐ Mild ☐ Moderate ☐ Severe ☐

Painless ☐ Discomfort ☐ Pain – Extremes ☐ Discomfort – Extremes ☐

Not due to the accident: Yes ☐ No ☐

Associated: Crepitus ☐ Swelling ☐ Deformity ☐ Neuro Deficit ☐

Tenderness :**Left** :L-Anterior thigh ☐ L-Lower Leg ☐ L-Calf ☐ L-Knee posterior ☐ L-Dorsal foot ☐ L-Foot plantar ☐ : **BONY T** : L-Greater trochanter ☐ L-Knee medial JL ☐ L-Patella ☐ L-Knee lateral JL ☐ L-Lateral malleolus ☐ L-Medial malleolus ☐

Right: R-Anterior thigh ☐ R-Lower Leg ☐ R-Calf ☐ R-Knee posterior ☐ R-Dorsal foot ☐ R-Foot plantar ☐ :**BONYT**:R-Greater trochanter ☐ R-knee medial JL ☐ R-Patella ☐ R-Knee lateral JL ☐ R-Lateral malleolus ☐ R-Medial malleolus ☐

Summary / Opinion

Default : Normal ☐ Moderate Rest -Improve slowly ☐ Mild Rest- Improve slowly ☐ Beyond my expertise ☐

History Quality: Good ☐ Satisfactory ☐ Poor ☐ Interpreter ☐

Consistency **(General and Home)** : Entirely ☐ Mainly ☐ Partially ☐ Not due to the accident ☐

Opinion : Increased by: Pre-existing condition ☐ Previous accident ☐ Subsequent accident ☐ Prolonged ☐

Treatment: Appropriate /Insufficient: Should have received Physiotherapy ☐ Medical Practitioner ☐ Ortho ☐ Psycho ☐

WORK :Current Restrictions: Mild ☐ Moderate ☐ Light duties ☐ Unfit ☐ Time Off: Reasonable: Yes ☐ No ☐

Return to work: Imp slowly ☐ Beyond my capacity ☐ Long term: Unaffected ☐ No change ☐ Beyond my Capacity ☐