REGIONAL MEDICAL CONSULTING

Bradley Wiener, M.D.

Date: _____

Name: _____ Social Security: _____

Date of Accident/Injury: _____ Date of Birth: _____

HISTORY:

1.) Describe briefly how the accident/injury occurred:

_____
_____
_____
_____

2.) What area(s) of your body was/were injured?

_____
_____
_____
_____

3.) What medical care occurred the day of the accident or injury?

_____
_____
_____
_____

WORK HISTORY:

1.) What is your current occupation? _____
2.) Are you currently working? YES NO
3.) Was time lost from work due to this injury? YES NO (If yes, give dates)
(From _____ to _____)
4.) Any restricted duty? YES NO

PRESENT COMPLAINTS:
List all symptoms and complaints related to this injury:

_____
_____
_____

TREATMENT:
List all treatments rendered (doctors seen, tests you have had, with dates)
a. Doctors (please indicate what kind of doctor, approx. date seen)

_____
_____
_____

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b. Treatments (include things like physical therapy, surgery, tests, for example)

_____
_____
_____

c. Tests you have had or are scheduled for (please give dates) MRI, EMG, etc.

_____
_____
_____

d. Medications given for this accident/injury?

_____
_____
_____

PAST MEDICAL HISTORY:

a. Allergies

_____
_____

b. Previous Surgery (please give dates)

_____
_____

c. Medical conditions for which you have been treated (other than those involved with this accident/injury)

_____
_____

d. Current medications (not related to this injury)

_____
_____

e. Previous injuries or conditions involving the part of your body for which you are being seen today:

_____
_____

OTHER: Please indicate you're:

Age: _____ Height:_____ Weight: _____

Eye Color: _____ Hair Color: _____ Right Handed _____ Left Handed _____

INFORMATION CONSENT:

This is to verify that I have been scheduled to undergo a medical evaluation related to my claim of disability or No-Fault injury at the office of Bradley Wiener, M.D.

I understand that this evaluation is to include my giving information about my personal circumstances and myself as well as my health.

I understand that this is also to be a physical examination, which may be performed on any relevant part of my body.

(Signed) _____

(Date) _____