**Independent Examination Report Template**

Background

**Client Details:**

Name: **Click here to enter text.**

Address: **Click here to enter text.**

Claim Number: **Click here to enter text.** Date of Accident: **Click here to enter text.**

Date of Birth: **Click here to enter text.** Sex: **Choose an item.**

Country of birth: **Click here to enter text.** Language spoken: **Click here to enter text.**

Interpreter Required: **Yes** [ ]  **No** [ ]

Marital status: **Click here to enter text.** Occupation: **Click here to enter text.**

Employer: **Click here to enter text.** Dominant Hand: **Choose an item.**

Enclosures received: **Yes** [ ]  **No** [ ]

2. Details of the Assessment

Date of Examination: **Click here to enter a date.** Name of Examiner: **Click here to enter text.**

Type of Examination: **Click here to enter text.**

Have you previously undertaken an examination of this client: **Yes** [ ]  **No** [ ]

*Please record the details of all persons present at the time of this examination. Include their name, contact details and relationship to the client*.

1. **Accident Circumstances**
* Description:

**Click here to enter text.**

* Description of what immediate medical intervention was received and at what hospital(s).

**Click here to enter text.**

1. **Medical History**

**4.1 General Medical History:**

Please include:

* + ALL pre-existing medical conditions, illnesses or injuries.
	**Click here to enter text.**
	+ Whether or not these pre-existing conditions were aggravated by the transport accident? If so, please detail the extent of the aggravation.
	**Click here to enter text.**
	+ Changes to the treatment or medication regime.
	**Click here to enter text.**
	+ Dates of the original diagnosis and of the onset of any aggravation. **Click here to enter text.**
	+ Whether the conditions have resolved and if so, an indication of when they resolved.
	**Click here to enter text.**
	+ Any injury or illness that developed subsequent to the transport accident, and include the cause, nature and course of the condition(s).
	**Click here to enter text.**
	+ Whether the conditions have resolved and if so, an indication of when they resolved.
	**Click here to enter text.**
	+ Any hereditary risk factors.
	**Click here to enter text.**

**4.2 Social, Family and Other History:**

Please include:

* + Details of the client’s family unit. **Click here to enter text.**
	+ Details of all support provided by the family **Click here to enter text.**
	+ Details of all support provided by the outside the family unit. **Click here to enter text.**

**4.3 Medication History:**

Please include:

* + Name, dose and strength of medication taken before and after the transport accident
	+ Relationship to accident (including any changes in dose post accident)
	+ Expected duration of use.

**Click here to enter text.**

**4.4 Substance Use History:**

**4.5 Initial Injury, Treatment and Progress:**

Please Include:

* + All injuries sustained in the transport accident and the initial treatment. Subsequent treatment sought for those injuries
	+ All new medical complaints or changing symptoms including the onset dates and changing treatment

**Click here to enter text.**

**4.6 Current Medical Complaints:**

Please include:

* + Current medical conditions, symptoms, treatment and causation.

**Click here to enter text.**

1. **Employment History**

**5.1 Work Description:**

Please include:

* Detailed description of the client’s work functions, hours and duties.

**Click here to enter text.**

**5.2 Work Capacity:**

How is the client’s capacity to work affected by the injuries sustained in their transport accident and/or their current medical condition?

Is the client now fit to return to their pre-accident employment?

**Yes** [ ]  **No** [ ]

**If no,** please indicate what injuries and/or restrictions are preventing them from returning to work.

**Click here to enter text.**

Please indicate to what extent the client is capable of returning to their pre-accident duties (e.g. 40%).

Would the client be capable of returning to work on reduced hours and/or modified duties? If so, please detail what restrictions you feel may be appropriate.

What can the TAC do by way of vocational rehabilitation to assist the client’s return to employment?

1. **Clinical History**

The evaluation includes specific reference to the onset and course of the condition, symptoms and findings of a previous examination, treatments and responses to treatment, including adverse effects.

**Click here to enter text.**

**6.1 Examination:**

Examiners are requested to provide comment on the range of movements observed at the time of the examination where this is not consistent with the range of movements measured during the formal examination.

If the examiner’s findings are not consistent with those of earlier studies, there should be communication between the involved practitioners to resolve any disparities.

**Click here to enter text.**

1. **Investigations or Special Tests**

Please provide:

* Details of any investigations or tests that have been undertaken and/or utilised in this assessment?
* What the outcomes and findings were of each investigation or test?
* If the investigation is radiological then please indicate if the information is restating a report of radiology or based on your direct observation of the radiological study. Please compare and contrast your opinion of any radiology reporting
* If the tests/investigation had previously been undertaken, how do the results compare?

**Click here to enter text.**

1. **Analysis of Findings**

**8.1 Diagnoses:**

Please include a discussion of:

* The injuries the client sustained in the transport accident.
* Any pre-existing injury or disease that was aggravated by the transport accident or aggravated a transport accident injury. Information that may be relevant to onset, such as an occupational exposure, should be included.
* Any other injury or disease that has arisen since the accident – has this aggravated any transport accident injuries, or been aggravated by the transport accident?

**Click here to enter text.**

**8.2 Prognosis:**

This section should also include explanations of:

* + The medical basis for any conclusion regarding incapacity suffered or likely to be suffered resulting from the medical condition.
	+ How the medical condition impacts on occupational and daily living activities. (Whether the person has worked/is back at work, is fit to return to work, type of work/potential to work, etc).
	+ The medical basis for any conclusion that the person is/is not likely to suffer injury/harm by engaging in occupational and daily living activities.
	+ Any conclusion that restrictions/accommodations are/are not warranted with respect to occupational and daily living activities.

**Click here to enter text.**

**8.3 Discussion**

* + Are the injuries consistent with the accident?
	+ Do pre-existing injuries or disease influence the course of the current injury or vice versa?
	+ Does the injury or disease arising since the accident influence the course of the current injury?
	+ Comment on treatment and medication received.
	+ Is current treatment and frequency of treatment reasonable?
	+ Should any other form of treatment or rehabilitation be considered by the treater?

**Click here to enter text.**

Have all questions asked by the TAC been answered?

**Yes** [ ]  **No** [ ]