

Mr. George Ampat MS FRCS (Tr & Orth)

PATIENT INFORMATION

Dear Sir / Madam

I have been asked to prepare an independent medical assessment. To enable me to do this, you will need to tell me about your accident and I will need to examine you. It is important that you tell me about your accident and the result of that accident. 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.

When preparing a report I have access to all your previous medical records if you have authorised release of the same through your Solicitor / Insurance company agent. These previous medical records would include your past illnesses, accidents, injuries, operations and medications.

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 do 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 the end of the examination, I may take photographs to demonstrate the range of motion and I may include those photographs in the report. The report may also contain relevant information from previous medical records maintained by your General Practitioner and / or Hospital.

I sometimes record the audio and / or video of the entire interview on magnetic tape / electronic media that is preserved for 2-3 weeks after the appointment. The audio / video quality is not very good and the recording is done only to aid me write the report without errors.

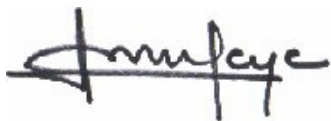
I do not represent you - this is your solicitor's job. I AM NOT ON ANY SIDE. I AM HERE TO ASSESS YOU AND HELP THE COURT TAKE A DECISION.

On the next few pages you will find a questionnaire. It is very vital that you take time and effort to fill in the 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 by writing the question number and then providing the extra details. On an average, it takes less than an hour to answer the questionnaire.

Please note the same questions may be repeated. **Page 6** asks about any back pain that you might have experienced **BEFORE THE ACCIDENT**. **Page 7** asks the same questions about your back pain and you have to give the answers according to how you feel **NOW**.

Similarly **Page 8** asks about any Neck pain that you might have experienced **BEFORE THE ACCIDENT**. **Page 9** asks the same questions about your neck pain and you have to give the answers according to how you feel **NOW**.

When you come for the appointment please bring all documents relevant to your injury. If you have maintained a diary with dates please also do bring that along. I thank you for your co-operation.



George Ampat

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

I(Print name) have read the above information sheet and understand its contents.

I consent for photographs to be taken for purposes of this report. (Please delete if required)

I consent for the interview to be audio / video taped. (Please delete if required)

I authorise Mr. Ampat and his secretary to release information to the requestor of the report. (Please delete if required)

Signature of Patient Print Name

Date

NOW PLEASE TURN OVER AND ANSWER THE QUESTIONS PROVIDED IN THE NEXT FEW PAGES

- 1) Your full name.....Date of birth.....
- 2) Name of General Practitioner.....
- 3) Name of surgery.....
- 4) Date of injury..... Time of injury.....
- 5) If a road traffic accident please state the City and street where crash occurred
- 6) What parts of your vehicle were damaged?.....
- 7) What was the approximate cost of repair ?
- 8) Please describe in a few words how the injury occurred
-
- 9) Please draw a simple sketch to illustrate how the injury occurred

- 10) Have you been unable to work since injury? **YES COMPLETELY / YES PARTIALLY / NO**
 If 'Yes' please list dates
 From.....To..... **COMPLETELY / PARTIALLY**
 From.....To..... **COMPLETELY / PARTIALLY**
- 11) Do you normally drive a car? **YES / NO.**
 Have you been unable to drive since injury? **YES / NO.** If yes, for how long?.....
- 12) How long following the injury did you take to come back to normal activity (Circle one only)
1 day / 2-3 days / 1 week / 1 month / 2 months / 3 months / 6 months / 1 year /
2 years / I am still not able to perform normal activity
- 13) When did you first seek medical advice following the current injury (Circle one only)
Same day / Next day / Within a week / Within a month / Within 6 months /
I did not seek medical advice
- 14) Where did you first seek medical advice following the current injury
Accident and Emergency / General Practitioner Name GP / Hospital.....
- 15) Have you met your GP following the current injury for complaints arising from that injury **YES / NO**
 If YES, how many times? and please mention the dates and treatment.....

- 16) Have you met a hospital doctor following the current injury for complaints arising from that injury **YES / NO**
 If YES, how many times? and please mention the dates and treatment.....

 Name of hospital doctorand speciality (eg. Orthopaedics).....

17) Have you met any therapist (like a physiotherapist / osteopath) following the current injury for complaints arising from that injury **YES / NO**

If YES, how many times? and please mention the dates.....

What was the therapy?.....

Name of therapist / clinic

Were you referred to this therapist by your doctor? **YES / NO**

Have you met this therapist before the current injury / accident **YES / NO**. If YES how many times

18) CURRENT SYMPTOMS / COMPLAINTS Please enlist your present / current complaints / problems due to the current accident / injury. In decreasing order of severity eg Pain in foot, Swelling in knee. If none, leave blank.		
a)	b)	c)
d)	e)	f)

19) Have you ever in the past (before the accident) had any of the complaints listed above in 18? **YES / NO** .

If YES please provide details.....

20) Please enumerate the symptoms / complaints that you have had in the following periods after the accident / injury. If none, leave blank.

In the first 24 hours following the accident.
From the end of the first 24 hours to the end of the first week.
From the end of the first week to the end of the first month.
From the end of the first month to the end of six months.
From the end of six months to date.

21) NUMERICAL RATING SCALE

Below find a few lines marked from "0" to "10". These lines are to measure the severity of your pain. The beginning of the line on the left indicates "0" = 'NO PAIN'. The end of the line on the right or '10' indicates the most severe pain that you can imagine. Please indicate a value of your pain by drawing a cross (X) on the line.

Immediately after the accident	☺	0	1	2	3	4	5	6	7	8	9	10	☹
24 hours after the accident	☺	0	1	2	3	4	5	6	7	8	9	10	☹
One month after the accident	☺	0	1	2	3	4	5	6	7	8	9	10	☹
Now	☺	0	1	2	3	4	5	6	7	8	9	10	☹

22) **PLEASE ENLIST THE ACTIVITIES THAT WERE / ARE DIFFICULT FOR YOU** (Please enlist each activity that was difficult please do not state all activities) If none, leave blank.

	AT HOME	AT WORK	AT LEISURE ACTIVITIES
In the 1 st week following the accident.			
From the end of the 1 st week to the 1 st month following the accident.			
From the end of the 1 st month to 6 months following the accident.			
At present.			

PAST MEDICAL HISTORY

23) Any previous accidents or injuries ? **YES / NO.**

If yes please give dates and details.....

24) Any previous illnesses or hospitalisations **YES / NO.**

If yes, please give details.....

25) Have you had any compensation claims prior to the present accident / injury **YES / NO.**

If yes please give details

26) What were your leisure pursuits prior to the present accident? (If none leave blank).....

DRUG HISTORY

27) Do you constantly take any medication **YES / NO.** If yes, please give details.....

Have you taken these medications prior to the accident **YES / NO.** If yes, please give details.....

SOCIAL HISTORY

28) Occupation Marital status **Single / Married / Divorced /**.....

29) Children **YES / NO** .If yes numberand ages.....

30) Are you in receipt of Disability / Incapacity living allowance **YES/NO.** If 'yes', since when?

31) Dominant arm Right / Left / Ambidextrous

32) Do you smoke? **YES / NO** If yes how many cigarettes in a day?.....

33) Do you drink? **YES / NO** If yes how many units a week.....(A pint of lager is equal to 2 units)

PERSONAL HISTORY

34) Is your sleep disturbed? **YES / NO.**

If YES, how frequently is it disturbed Once a week / 2- 3 nights a week / Once a night / 2-3 times a night

Why do you think your sleep is disturbed

35) What is your height?.....(in centimeters if possible)

36) What is your weight?.....(in kilograms if possible)

37) Has your weight Increased / Decreased / Remained constant in the last 6 months **YES / NO.**

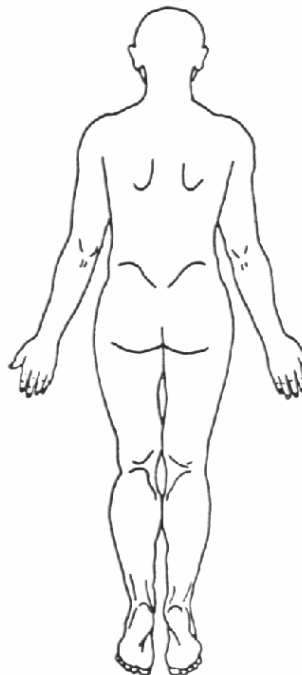
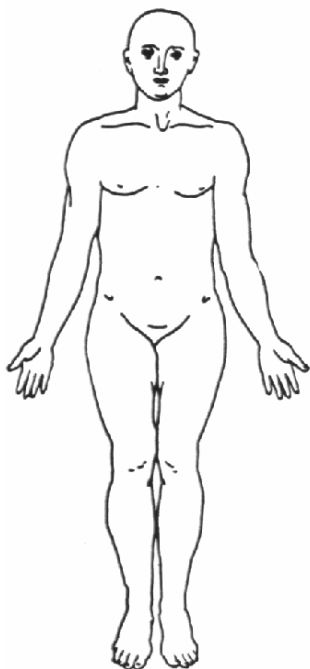
38) Do you have good control of your water works (bladder)? **YES / NO.**

39) Do you have good control of your bowels? **YES / NO.**

40) Do you open your bowels regularly? **YES / NO**

41) Can you climb a flight of stairs without being breathless **YES / NO.** If NO why?.....

42) Please mark on the accompanying diagrams the areas that were damaged following the accident / injury. Please also label each mark made by you (e.g. pain, spasm, cut, abrasion, fracture, dislocation etc.)?



PLEASE USE THIS SPACE TO ENTER ANY OTHER RELEVANT INFORMATION.

ON THE NEXT 4 PAGES PLEASE FIND QUESTIONNAIRES THAT HELP TO DETERMINE THE EXTENT OF YOUR DISABILITY. THEY ARE SPECIFIC FOR NECK AND BACK PAIN. IF YOU HAVE HAD NO NECK OR BACK PAIN AFTER THE ACCIDENT / INJURY THEN YOU DON'T NEED TO ANSWER THOSE QUESTIONS. HOWEVER IF YOU HAVE HAD NECK OR BACK PAIN PLEASE ANSWER ALL THE QUESTIONS. PLEASE NOTE THE QUESTIONS ARE REPEATED. THIS IS SO THAT I CAN COMPARE HOW YOU WERE BEFORE THE ACCIDENT TO HOW YOU ARE NOW.

YOU NEED TO ANSWER THIS PAGE ONLY IF YOU HAVE LOW BACK PAIN. IN THE QUESTIONS 43 TO 52 PLEASE DARKEN ONE CIRCLE IN EACH QUESTION THAT BEST DESCRIBES YOUR CONDITION BEFORE THE ACCIDENT.

43) PAIN INTENSITY - BEFORE THE ACCIDENT

- I had no pain.
- The pain was very mild.
- The pain was moderate.
- The pain was severe.
- The pain was very severe.
- The pain was the worst imaginable.

44) PERSONAL CARE (Washing, Dressing etc.) -

BEFORE THE ACCIDENT

- I could look after myself normally without causing extra pain.
- I could look after myself normally but it is very painful.
- It was painful to look after myself and I was slow and careful.
- I needed some help but managed most of my personal care.
- I needed help every day in most aspects of self care.
- I did not get dressed, washed with difficulty and stayed in bed.

45) LIFTING - BEFORE THE ACCIDENT

- I could lift heavy objects without extra pain.
- I could lift heavy weights but it gives extra pain.
- Pain prevented me from lifting heavy weights off the floor but I could manage if they were conveniently positioned eg. on a table.
- Pain prevented me from lifting heavy weights but I could manage light to medium weights if they were conveniently positioned.
- I could lift only very light weights.
- I could not lift or carry anything at all.

46) WALKING - BEFORE THE ACCIDENT

- Pain did not prevent me walking any distance.
- Pain prevented me walking more than 1 mile.
- Pain prevented me walking more than ¼ of a mile.
- Pain prevented me walking more than 100 yards.
- I could only walk using a stick or crutches.
- I was in bed most of the time and have to crawl to the toilet.

47) SITTING - BEFORE THE ACCIDENT

- I could sit in any chair as long as I like.
- I could sit in my favourite chair as long as I like.
- Pain prevented me from sitting for more than 1 hour.
- Pain prevented me from sitting for more than ½ an hour.
- Pain prevented me from sitting for more than 10 minutes.
- Pain prevented me from sitting at all.

48) STANDING - BEFORE THE ACCIDENT

- I could stand as long as I want without extra pain.
- I could stand as long as I want but it gave me extra pain.
- Pain prevented me from standing for more than 1 hour.
- Pain prevented me from standing for more than ½ an hour.
- Pain prevented me from standing for more than 10 minutes.
- Pain prevented me from standing at all

49) SLEEPING - BEFORE THE ACCIDENT

- My sleep was never disturbed by pain.
- My sleep was occasionally disturbed by pain.
- Because of pain I had less than 6 hours sleep.
- Because of pain I had less than 4 hours sleep.
- Because of pain I had less than 2 hours sleep.
- Pain prevented me from sleeping at all.

50) SEX LIFE (if applicable) - BEFORE THE ACCIDENT

- My sex life was normal and caused no extra pain.
- My sex life was normal but caused some extra pain.
- My sex life was nearly normal but was very painful.
- My sex life was severely restricted by pain.
- My sex life was nearly absent because of pain.
- Pain prevented any sex life at all.

51) SOCIAL LIFE - BEFORE THE ACCIDENT

- My social life was normal and caused no extra pain.
- My social life was normal but increased the degree of pain.
- Pain has no significant effect on my social life apart from limiting my more energetic interests e.g. sport.
- Pain had restricted my social life and I did not go out as often.
- Pain had restricted social life to my home.
- I had no social life because of pain.

52) TRAVELLING - BEFORE THE ACCIDENT

- I could travel anywhere without pain.
- I could travel anywhere but it gave me extra pain.
- Pain was bad but I could manage journeys of over 2 hours.
- Pain restricted me to journeys of less than 1 hour.
- Pain restricted me to short necessary journeys under 30 minutes.
- Pain prevented me from travelling except to receive treatment.

THIS PAGE IS FOR HOW YOU FELT BEFORE THE ACCIDENT

YOU NEED TO ANSWER THIS PAGE ONLY IF YOU HAVE LOW BACK PAIN. IN THE QUESTIONS 53 TO 62 PLEASE DARKEN ONE CIRCLE IN EACH QUESTION THAT BEST DESCRIBES YOUR CONDITION NOW .

53) PAIN INTENSITY - NOW

- I have no pain currently.
- The pain is very mild at the moment.
- The pain is moderate at the moment.
- The pain is fairly severe at the moment.
- The pain is very severe at the moment.
- The pain is the worst imaginable at the moment.

54) PERSONAL CARE (Washing, Dressing etc.) -

NOW

- I can look after myself normally without causing extra pain.
- I can look after myself normally but it is very painful.
- It is painful to look after myself and I am slow and careful.
- I need some help but manage most of my personal care.
- I need help every day in most aspects of self care.
- I do not get dressed wash with difficulty and stay in bed.

55) LIFTING - NOW

- I can lift heavy objects without extra pain.
- I can lift heavy weights but it gives extra pain.
- Pain prevents me from lifting heavy weights off the floor but I can manage if they are conveniently positioned eg. on a table.
- Pain prevents me from lifting heavy weights but I can manage light to medium weights if they are conveniently positioned.
- I can lift only very light weights.
- I cannot lift or carry anything at all.

56) WALKING - NOW

- Pain does not prevent me walking any distance.
- Pain prevents me walking more than 1 mile.
- Pain prevents me walking more than ¼ of a mile.
- Pain prevents me walking more than 100 yards.
- I can only walk using a stick or crutches.
- I am in bed most of the time and have to crawl to the toilet.

57) SITTING - NOW

- I can sit in any chair as long as I like.
- I can sit in my favourite chair as long as I like.
- Pain prevents me from sitting for more than 1 hour.
- Pain prevents me from sitting for more than ½ an hour.
- Pain prevents me from sitting for more than 10 minutes.
- Pain prevents me from sitting at all.

58) STANDING - NOW

- I can stand as long as I want without extra pain.
- I can stand as long as I want but it gives me extra pain.
- Pain prevents me from standing for more than 1 hour.
- Pain prevents me from standing for more than ½ an hour.
- Pain prevents me from standing for more than 10 minutes.
- Pain prevents me from standing at all

59) SLEEPING - NOW

- My sleep is never disturbed by pain.
- My sleep is occasionally disturbed by pain.
- Because of pain I have less than 6 hours sleep.
- Because of pain I have less than 4 hours sleep.
- Because of pain I have less than 2 hours sleep.
- Pain prevents me from sleeping at all.

60) SEX LIFE (if applicable) - NOW

- My sex life is normal and causes no extra pain.
- My sex life is normal but causes some extra pain.
- My sex life is nearly normal but is very painful.
- My sex life is severely restricted by pain.
- My sex life is nearly absent because of pain.
- Pain prevents any sex life at all.

61) SOCIAL LIFE - NOW

- My social life is normal and causes no extra pain.
- My social life is normal but increases the degree of pain.
- Pain has no significant effect on my social life apart from limiting my more energetic interests e.g. sport.
- Pain has restricted my social life and I do not go out as often.
- Pain has restricted social life to my home.
- I have no social life because of pain.

62) TRAVELLING - NOW

- I can travel anywhere without pain.
- I can travel anywhere but it gives me extra pain.
- Pain is bad but I manage journeys of over 2 hours.
- Pain restricts me to journeys of less than 1 hour.
- Pain restricts me to short necessary journeys under 30 minutes.
- Pain prevents me from travelling except to receive treatment.

THIS PAGE IS FOR HOW YOU FEEL NOW

YOU NEED TO ANSWER THIS PAGE ONLY IF YOU HAVE NECK PAIN. IN THE QUESTIONS 63 TO 72 PLEASE DARKEN ONE CIRCLE IN EACH QUESTION THAT BEST DESCRIBES YOUR CONDITION BEFORE THE ACCIDENT.

63) PAIN INTENSITY - BEFORE THE ACCIDENT

- I had no pain.
- The pain was very mild.
- The pain was moderate.
- The pain was fairly severe.
- The pain was very severe.
- The pain was the worst imaginable.

64) PERSONAL CARE (Washing, Dressing, etc.) - BEFORE THE ACCIDENT

- I could look after myself normally, without causing extra pain.
- I could look after myself normally, but it caused extra pain.
- It was painful to look after myself and I was slow and careful.
- I needed some help, but managed most of my personal care.
- I needed help every day in most aspects of self care.
- I did not get dressed; I washed with difficulty and stayed in bed.

65) LIFTING- BEFORE THE ACCIDENT

- I could lift heavy weights without extra pain.
- I could lift heavy weights, but it gave extra pain.
- Pain prevented me from lifting heavy weights off the floor, but I could manage if they were conveniently positioned, for example, on a table.
- Pain prevented me from lifting heavy weights off the floor, but I could manage light to medium weights if they were conveniently positioned.
- I could lift very light weights.
- I could not lift or carry anything at all..

66) READING - BEFORE THE ACCIDENT

- I could read as much as I wanted to, with no pain in my neck.
- I could read as much as I wanted to, with slight pain in my neck.
- I could read as much as I wanted to, with moderate pain in my neck.
- I could not read as much as I wanted, because of moderate pain in my neck.
- I could hardly read at all, because of severe pain in my neck.
- I cannot read at all.

67) HEADACHES - BEFORE THE ACCIDENT

- I had no headaches at all
- I had slight headaches that came infrequently.
- I had moderate headaches that came infrequently.
- I had moderate headaches that came frequently.
- I had severe headaches that came frequently.
- I had headaches almost all the time.

68) CONCENTRATION - BEFORE THE ACCIDENT

- I could concentrate fully when I wanted to, with no difficulty.
- I could concentrate fully when I wanted to, with slight difficulty.
- I had a fair degree of difficulty in concentrating when I wanted to.
- I had a lot of difficulty in concentrating when I wanted to.
- I had a great deal of difficulty in concentrating when I wanted to.
- I could not concentrate at all.

69) WORK - BEFORE THE ACCIDENT

- I could do as much work as I wanted to.
- I could do my usual work, but no more.
- I could do most of my usual work, but no more.
- I could not do my usual work.
- I could hardly do any work at all.
- I could not do any work at all.

70) DRIVING - BEFORE THE ACCIDENT

- I could drive my car without any neck pain.
- I could drive my car as long as I wanted, with slight pain in my neck.
- I could drive my car as long as I wanted, with moderate pain in my neck.
- I could not drive my car as long as I wanted because of moderate pain in my neck.
- I could hardly drive at all, because of severe pain in my neck.
- I could not drive my car at all.

71) SLEEP - BEFORE THE ACCIDENT

- I had no trouble sleeping.
- My sleep was slightly disturbed (less than 1 hr. sleepless)
- My sleep was mildly disturbed (1-2 hrs sleepless).
- My sleep was moderately disturbed (2-3 hrs. sleepless).
- My sleep was greatly disturbed (3-5 hrs. sleepless).
- My sleep was completely disturbed (5-7 hrs. sleepless).

72) DIFFICULTY IN RECREATION DUE TO NECK PAIN ONLY - BEFORE THE ACCIDENT

- I was able to engage in all my recreation activities, with no neck pain at all.
- I was able to engage in all my recreation activities, with some neck pain.
- I was able to engage in most, but not all, of my usual recreation activities.
- I was able to engage in few of my recreation activities, due of my neck pain.
- I was hardly able to do any recreation activities, because of pain in my neck.
- I could not do any recreation activities at all.

THIS PAGE IS FOR HOW YOU FELT BEFORE THE ACCIDENT

YOU NEED TO ANSWER THIS PAGE ONLY IF YOU HAVE NECK PAIN. IN THE QUESTIONS 73 TO 82 PLEASE DARKEN ONE CIRCLE IN EACH QUESTION THAT BEST DESCRIBES YOUR CONDITION NOW.

73) PAIN INTENSITY - NOW

- I have no pain at the moment.
- The pain is very mild at the moment.
- The pain is moderate at the moment.
- The pain is fairly severe at the moment.
- The pain is very severe at the moment.
- The pain is the worst imaginable at the moment.

74) PERSONAL CARE (Washing, Dressing, etc.) - NOW

- I can look after myself normally, without causing extra pain.
- I can look after myself normally, but it causes extra pain.
- It is painful to look after myself and I am slow and careful.
- I need some help, but manage most of my personal care.
- I need help every day in most aspects of self care.
- I do not get dressed; I wash with difficulty and stay in bed.

75) LIFTING- NOW

- I can lift heavy weights without extra pain.
- I can lift heavy weights, but it gives extra pain.
- Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned, for example, on a table.
- Pain prevents me from lifting heavy weights off the floor, but I can manage light to medium weights if they are conveniently positioned.
- I can lift very light weights.
- I cannot lift or carry anything at all.

76) READING - NOW

- I can read as much as I want to, with no pain in my neck.
- I can read as much as I want to, with slight pain in my neck.
- I can read as much as I want to, with moderate pain in my neck.
- I can't read as much as I want, because of moderate pain in my neck.
- I can hardly read at all, because of severe pain in my neck.
- I cannot read at all.

77) HEADACHES - NOW

- I have no headaches at all
- I have slight headaches that come infrequently.
- I have moderate headaches that come infrequently.
- I have moderate headaches that come frequently.
- I have severe headaches that come frequently.
- I have headaches almost all the time.

78) CONCENTRATION - NOW

- I can concentrate fully when I want to, with no difficulty.
- I can concentrate fully when I want to, with slight difficulty.
- I have a fair degree of difficulty in concentrating when I want to.
- I have a lot of difficulty in concentrating when I want to.
- I have a great deal of difficulty in concentrating when I want to.
- I cannot concentrate at all.

79) WORK - NOW

- I can do as much work as I want to.
- I can do my usual work, but no more.
- I can do most of my usual work, but no more.
- I cannot do my usual work.
- I can hardly do any work at all.
- I can't do any work at all.

80) DRIVING - NOW

- I can drive my car without any neck pain.
- I can drive my car as long as I want, with slight pain in my neck.
- I can drive my car as long as I want, with moderate pain in my neck.
- I can't drive my car as long as I want, because of moderate pain in my neck.
- I can hardly drive at all, because of severe pain in my neck.
- I can't drive my car at all.

81) SLEEP - NOW

- I have no trouble sleeping.
- My sleep is slightly disturbed (less than 1 hr. sleepless)
- My sleep is mildly disturbed (1-2 hrs sleepless).
- My sleep is moderately disturbed (2-3 hrs. sleepless).
- My sleep is greatly disturbed (3-5 hrs. sleepless).
- My sleep is completely disturbed (5-7 hrs. sleepless).

82) DIFFICULTY IN RECREATION DUE TO NECK PAIN ONLY - NOW

- I am able to engage in all my recreation activities, with no neck pain at all.
- I am able to engage in all my recreation activities, with some neck pain.
- I am able to engage in most, but not all, of my usual recreation activities.
- I am able to engage in few of my recreation activities, due of my neck pain.
- I can hardly do any recreation activities, because of pain in my neck.
- I can't do any recreation activities at all.

THIS PAGE IS FOR HOW YOU FEEL NOW

MANY THANKS FOR ANSWERING THE QUESTIONNAIRE. PLEASE BRING THIS ALONG WITH ALL OTHER RELEVANT DOCUMENTS FOR THE APPOINTMENT.