



Spine Institute of Louisiana

1500 Line Avenue
2nd Floor
Shreveport, LA 7110

(1) NAME: _____

TODAY'S DATE: _____

(2) OCCUPATION: _____

CHART #: _____

This "medico-legal examination and report" signifies a medical examination of a patient who has been involved in an accident for the purpose of submitting a report to either a plaintiff's or defendant's attorney. These examinations are more detailed and require more precise records than is usually done for the diagnosis and treatment of the average patient. Our fee is commensurate with the extra time required for these examinations and reports.

We require regular 30 day payments on your account. If the person responsible does not comply with this arrangement, we will of course expect you to make these payments.

PLEASE ASSIST US BY FILLING OUT THE BELOW QUESTIONS VERY CAREFULLY.

(3) About the accident:

Date: _____

Cause of Accident: _____

Who was at fault: _____

Insurance company of other party: _____

Name and address of your lawyer: _____

(4) Vehicle in which you were riding at the time of the accident:

Make: _____

Where were you seated: (Circle One)

Driver

Front seat passenger

Back seat passenger:

right side

left side

Seat belt on or off: _____

Stopped? _____

If so where: _____

Reason for stopping: _____

Moving? _____ If so approximate speed: _____

Struck from:

front

back

right side

left side

Damage to car:

describe: _____

cost to repair: _____

was car drivable? _____

(5) Describe street or highway where accident occurred: _____

Weather conditions:

Rainy

Dry Surface

Other: _____

Daylight

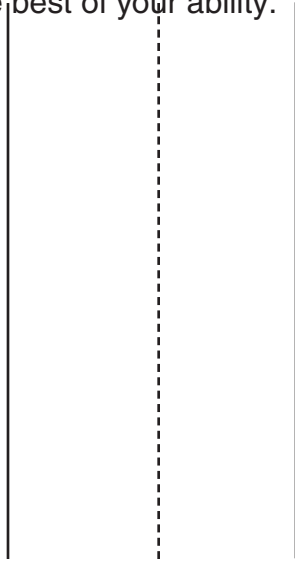
Nighttime

(6) About the vehicle which struck you:

Make: _____ Name of owner: _____

Approximate speed at impact: _____

(7) Sketch the accident to the best of your ability:



(8) How were you injured? (Described what happened to you)

Were you knocked unconscious: _____

Were you able to walk: _____

How long following accident did you notice symptoms: _____

What were these symptoms and where: _____

Have you been treated for this injury? If so:

Where: _____

Doctor's name and city: _____

Treatment: _____

Medications: _____

Were x-rays made: _____

List all symptoms: _____

(9) Are you now worse, the same or better than soon following the accident? _____

(10) List dates you have missed work because of accident: _____