

CHECKLIST TO COMPLETE BEFORE AND TAKE TO YOUR NEXT DOCTOR'S APPOINTMENT

ANSWER THE FOLLOWING QUESTIONS:

1. What are your current complaints that relate to your accident?
2. What parts of your body are still causing you problems as a result of your accident?
3. How have your injuries limited your activities at work or caused difficulty with work activities?
4. How have your injuries limited or affected your activities at home – either inside activities such as housework or outside activities such as gardening, mowing, etc.?
5. How have your injuries limited or affected your ability to be involved in any sporting or hobby activities?
6. What medical treatment since your last appointment helped improve your condition and how?
7. What medical treatment since your last appointment does NOT help improve your condition?
8. What medications have you taken since your last appointment and how do they help with your injuries?

DOCTOR SEEN _____

DATE OF DOCTOR'S APPOINTMENT _____

PLEASE DISCUSS THE ANSWERS TO EACH ONE OF THESE QUESTIONS WITH YOUR DOCTOR AT YOUR NEXT DOCTOR'S APPOINTMENT. CIRCLE THOSE YOU HAVE DISCUSSED WITH YOUR DOCTOR AND RETURN THE FORM TO YOUR LAWYER BY MAIL.

*Information courtesy:
Lawyer on the Line
Roger A. Riedmiller, Attorney at Law*