Consultant Orthopaedic Surgeon

Pre-consultation Medicolegal Questionnaire

Please complete the following questionnaire and hand to Mr. Hahnel during your consultation. Please remember to bring ID with you. (where responses are available in bold, please circle most relevant answer)

Consultation Date Venue for consultation

I confirm that I have answered the questions below truthfully and to the best of my knowledge. I understand that Mr. Hahnel will securely digitally store any records sent to him for a period of 6 years. He will securely share information only when necessary with his secretary, instructed solicitors or their agents, other medical expert witnesses involved in the case. After this time, all information will be securely deleted.

Signed..... Date

Background

Name: Date of Birth:
What was your job at the time of the accident?
How long were you off work following your injuries? days / weeks / months
What is your job now?
About your current job:
Does this usually involve: Light / Medium / Heavy / No manual labour
How long have you been doing this type of work? months / years
How many days sickness did you usually take before your accident? per month / year
Are you Left or Right handed ?
Please list any medical problems you had before your accident / injury?

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Accident / Incident

Date of accident	Time of accident (24 hour clock):
Describe how you became injured	
Where did it hurt immediately afterwards?	
Did any other parts of your body hurt later	? Yes / No If so, when?
Parts of body	Date / Time pain started
1)	
2)	
3)	

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Have you ever had pain in these parts of the body before the accident? Yes / No If so, when?

	Parts of body	Date pain started
1)		
2)		
3)		

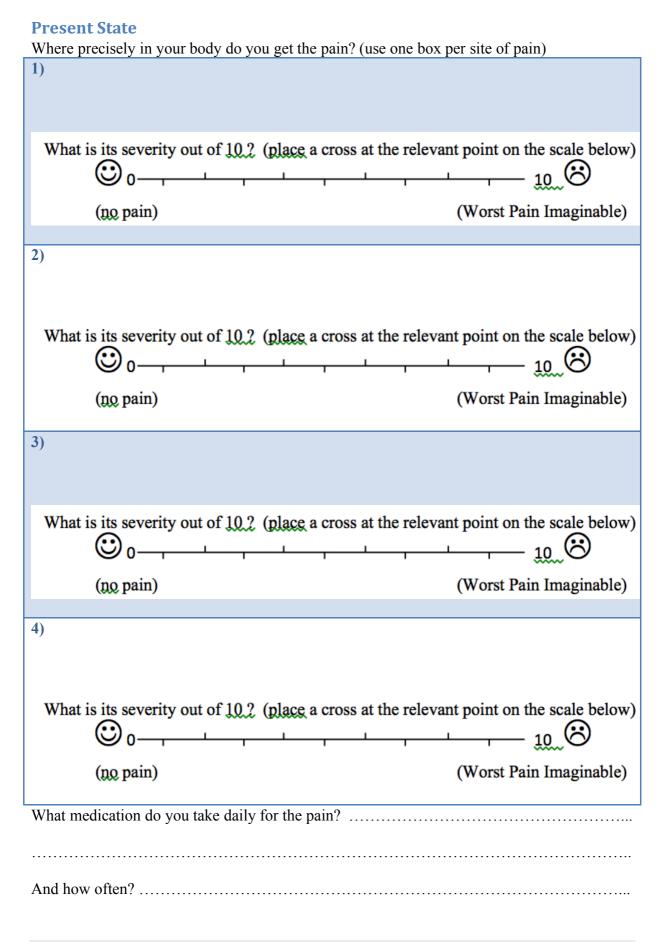
For your accident, did you attend hospital? Yes / No By ambulance? Yes / No
If so, how soon after the accident did you attend?
Immediately / within hours / within days / within months
If you attended hospital, which hospital?
Did you see your own G.P.? Yes / No Doctors name..Dr.
If you did see your GP , how soon after the accident did you attend?
Immediately / within hours / within days / within months
Did you see a physiotherapist.? Yes / No Physiotherapy centre name
If you did see a physiotherapist, how soon after the accident did you attend?
Immediately / within hours / within days / within months
Did you given a physiotherapist. No Soon after the accident did you attend?
Immediately / within hours / within days / within months

Are you? Improving / Staying the same / Getting worse

If your symptoms are not changing, when did they reach their present state?

Have you ever made a personal injury claim in the past? Yes / No

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Have you received any other treatments ? e.g. physiotherapy / chriropractor / surgery /

occupation health

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Have you had any investigations ? E.g. Xrays, Ultrasound, CT scan MRI scan

Effect of injury on employment and recreation?

How long were you off work after the accident? days / months / years

If you have returned to work, in what ways are you restricted?

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Does the injury affect your earning capacity? Yes / No

If so, by how much? (percentage loss of normal take home pay)

How has the injury affected your relationships or mental health?

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Thinking about your day to day jobs around the house, sports you play and hobbies you have.

2) 5) 3) 6)	
3) 6)	

At the moment which activities are you absolutely incapable?

Which activities cause you particular discomfort?

1)	4)
2)	5)
3)	6)

Do you need extra paid or unpaid help at home for house work you cannot do? Yes / No

What are your favourite past times / hobbies / recreations?

Recreation	Frequency before accident	Frequency now
1)		
2)		
3)		
4)		