

# WESTON PATRICK

A PROFESSIONAL ASSOCIATION SINCE 1897\*  
84 STATE STREET  
BOSTON, MASSACHUSETTS 02109-2299  
(617) 742-9310  
FACSIMILE (617) 742-5734  
www.WestonPatrick.com

GEORGE B. REDDING (1905 - 1996)  
RALPH H. WILLARD, JR. (1917 - 2004)  
CHARLES E. HOLLY  
C. PETER R. GOSSELS  
RICHARD B. OSTERBERG  
PAUL F. RYAN  
MICHAEL W. WIGGINS  
RONALD E. HARDING  
J. WALTER FREIBERG, III  
GREGORY R. BARISON  
L. SETH STADFELD  
PAUL S. ALPERT

ERIC P. FINAMORE  
PETER M. MACY  
MARK H. HOLLY  
TINA LEUNG  
ERIN B. FINN  
EDWARD K. LAW  
ALLISON K. GURLEY  
JONATHAN P. ASH  
CHARLES N. GALLO  
ELIZABETH C. CAIAZZI  
MATTHEW K. BARISON

## CONFIDENTIAL CLIENT REPORT

### YOUR UPCOMING “INDEPENDENT MEDICAL EXAMINATION” & POST EXAMINATION REPORT

When a claim is made for personal injuries, the defendant’s insurance company is entitled to have a doctor of its own choosing examine the person claiming to have been injured. I will not permit you to go to such an examination unless defense counsel has agreed to provide me with the report.

While most “independent” physicians will conduct a competent examination and make an honest report, we have to remember that he or she is being paid by the insurance company (and may do a lot of examinations for it) and may tend to underplay your injuries and symptoms or find a cause for them unrelated to the accident at issue.

Keep in mind that you will be under observation by the physician from the moment you arrive for your appointment. If you easily shed your overcoat or hop onto the examining table, rest assured that it will be noted and reported. I have seen reports in which the independent doctor noted that he or she watched out the window after the examination as the patient strode briskly across the parking lot and climbed into his or her car without difficulty.

Of course, you must not exaggerate your pain and suffering; you and I are committed to the truth. You should, however, refresh your memory ahead of time so that you can accurately recall the mechanics of the collision, your immediate symptoms, the care and treatment you have received (and may still be receiving) from your own health care providers and the effect of your

---

\*EACH ATTORNEY IN THIS ASSOCIATION IS AN INDEPENDENT PROFESSIONAL WHO IS NOT RESPONSIBLE FOR THE PRACTICE OR LIABILITY OF ANY OTHER ATTORNEY IN THE ASSOCIATION EXCEPT FOR THOSE DIRECTLY EMPLOYED BY OR PRACTICING IN PARTNERSHIP WITH THAT ATTORNEY

injuries on you day to day life. Do not conceal prior accidents, injuries, surgeries or illnesses.

After your appointment, please fill out this form immediately after the exam and return it to me.

DATE OF EXAM:

DOCTOR'S NAME:

WHAT TIME DID YOU GET TO THE DOCTOR'S OFFICE?:

HOW MUCH TIME WAS SPENT IN THE WAITING ROOM?:

HOW LONG WERE YOU ACTUALLY WITH THE DOCTOR?:

HOW MUCH TIME WAS SPENT ANSWERING QUESTIONS?:

HOW MUCH TIME WAS SPENT IN BEING EXAMINED BY THE DOCTOR?:

WHAT TIME DID YOU LEAVE THE OFFICE?:

WERE YOU QUESTIONED BY A NURSE OR STAFF PERSON BEFORE SEEING THE DOCTOR?:

WERE X-RAYS TAKEN or OTHER DIAGNOSTIC TESTS UTILIZED?:

IF SO, OF WHAT PART OF YOUR BODY?:

PLEASE STATE ANY QUESTIONS YOU REMEMBER THE DOCTOR ASKING YOU AND WHAT YOUR ANSWERS WERE:

DID THE DOCTOR ASK YO SPECIFIC QUESTIONS ON WHAT MADE YOUR SYMPTOMS BETTER OR WORSE?:

DID THE DOCTOR LET YOU DESCRIBE THE PAIN IN YOUR OWN WORDS?:

DID THE DOCTOR ASK YOU ABOUT ANY (BODY PART) SYMPTOMS?:

DID THE DOCTOR ASK YOU ABOUT ANY ACCIDENT SPECIFICS?:

DID THE DOCTOR ASK YOU ABOUT ANY TREATMENTS YOU HAVE HAD AND/OR ARE PRESENTLY RECEIVING?:

DID THE DOCTOR ASK YOU ABOUT PAST HISTORY OF PRIOR SURGERY,  
PREVIOUS TRAUMA, SERIOUS ILLNESS, MEDICATIONS OR ALLERGIES?:

DID THE DOCTOR ASK ABOUT ANY WORK ACTIVITIES?:

WERE YOU GOWNED?:

DID ANYONE TAKE YOUR BLOOD PRESSURE AND PULSE?:

DID THE DOCTOR TOUCH THE PAINFUL REGION?:

WERE THE REFLEX HAMMER USED?:

PLEASE STATE ANY COMMENTS THE DOCTOR MADE TO YOU ABOUT YOUR CASE,  
INJURIES OR HIS OPINIONS:

OTHER COMMENTS OR INFORMATION?:

Your signature: \_\_\_\_\_ date: \_\_\_\_\_

If you need additional space to answer any of these questions, please use additional sheets.

Thank you for your prompt and careful attention to this questionnaire. Your answers may be helpful to us down the road.

Very truly yours,

/s/ Gregory R. Barison

Gregory R. Barison

GRB:ssd