

# WESTON PATRICK

A PROFESSIONAL ASSOCIATION SINCE 1897\*

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GEORGE B. REDDING (1905 - 1996)  
RALPH H. WILLARD, JR. (1917 - 2004)  
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JONATHAN P. ASH  
CHARLES N. GALLO  
ELIZABETH C. CAIAZZI  
MATTHEW K. BARISON

To:

From: Gregory R. Barison

date:

## CONFIDENTIAL CLIENT REPORT

### REPORT OF INDEPENDENT MEDICAL EXAMINATION

Please fill out this form immediately after the exam and return it to Atty.  
Barison

YOUR NAME:

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 YOU SPECIFIC QUESTIONS ON WHAT MADE IT WORSE OR BETTER?:

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, please use the back of these pages.