

INSTRUCTIONS FOR YOUR INDEPENDENT MEDICAL EXAMINATION (IME)

In connections with the medical examination which is being performed at the request of the insurance company, we would like you to read over the following instructions, and complete the enclosed form as soon as possible after the examination but *outside* of the doctor's office.

1. BE AS COOPERATIVE AS YOU CAN but remember that the doctor is not examining you to help your medical condition, but only for the purpose of testifying against you at your trial.

2. TELL THE TRUTH and be honest and straightforward in everything you tell the doctor. Be sure to tell the doctor about all of the pain, discomfort and suffering you have had because of the accident. Be sure you describe to him all of the things that you are not able to do now as a result of the accident. Describe in detail the activities you are unable to perform or how the accident has affected your ability to perform activities. If you fail to tell the doctor any of the problems, they will not be included in the report and this will affect his evaluation of your case.

3. BE CAREFUL IN TELLING HOW THE ACCIDENT HAPPENED. When you explain to the doctor how the accident happened, be sure to talk in general terms. For example. "My car was stopped and I was hit from behind." Unless necessary, avoid giving measurements, speed, or details of which you may not be sure.

4. BE CAREFUL IN REPEATING WHAT OTHER DOCTORS HAVE TOLD YOU. If you are asked what other doctors have told you about your medical condition, you should answer in a very general way. For example. "He says that I will have trouble the rest of my life," or "he says that I am getting better, but it is going to take some time."

5. REMEMBER, THE EXAMINATION BEGINS AS SOON AS YOU ENTER THE OFFICE. The doctor will be watching you from the time you enter his office. He will watch how you take off your coat and whether you have any trouble in doing so. He will watch how you walk about the room. You should be honest about your problems. Do not exaggerate your injuries.

As soon as the examination has been completed and you are outside the doctor's office, please fill in the form describing the exam so you won't forget anything.

CLIENT'S REPORT - MEDICAL EXAMINATION BY DEFENDANT'S DOCTOR

Date of Examination: _____

Examining Physician: _____

What time did you get to the Doctor's Office: _____

What time did you leave the Doctor's Office: _____

When you arrived at the Doctor's Office, did you see the Doctor immediately? _____

Were you asked to wait ? _____

Were you questioned by a nurse prior to seeing the Doctor ? _____

If "Yes," list each question asked and the answer given:

Were you asked to sign anything? _____ Did you sign it? _____

If so, what ? _____

What time did you first get to see the Doctor? _____

What questions did the doctor ask and what answers did you give:
(List every question and answer that you can remember)

Did the doctor write down your answers? _____ Did it appear that the doctor made notes of, or dictated substantially everything you described?

What examination did the doctor conduct? (Give detailed step-by-step explanation)

How long were you actually with the Doctor? _____

How much of this time was "questions and answers"? _____

How much of this time was the physical examination? _____

Were x-rays taken? _____ How many? _____

How? (Front, back, lying, standing, etc.) _____

Did the Doctor take measurements of any parts of your body? _____

If so, what parts of the body? _____

Did the Doctor give you the pin-prick test? _____

If so, did he notice any numbness? _____ (If so, describe):

Give below any additional information, such as: Any comments made by the Doctor during the examination or test, concerning your condition:

Please state your opinion of the doctor:

Other comments or information:

PLEASE RETURN THIS FORM TO OUR OFFICE IMMEDIATELY