

Your Practice Name

EMILY CRAFTS, D.C.

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July 3, 2005

Mr. Matt Adjustor
ABC Auto Insurance
PO Box 111
Suisun City, CA 11111-0111

Patient: **LAST, FIRST**
Claim Number: 00-12345-6
D.O.B.: 01/01/1940
Date of Injury: 03/28/2006

CHIROPRACTIC MEDICAL-LEGAL REPORT

Dear Mr. Adjustor,

This report is submitted as the final report regarding injuries sustained by First Last in a motor vehicle accident on 3/28/2006.

HISTORY OF THE INJURY

Describe the accident in detail and mechanism of injury. This section should be inclusive of all medical treatment rendered to the patient prior to arriving at your office and any referrals for diagnostic imaging or consults. Describe the weather conditions, type of vehicles involved, amount of damage to the car and any physical signs that may include bruising, lacerations, etc. Indicate if a police report was taken. Was the patient taken to the emergency room? If so, what treatment did they receive? Were X-rays performed? Was medication dispensed? How did the patient feel immediately following the accident versus the next few days? Did the patient experience a LOC? These are just sample elements that should be incorporated. It is the doctor's responsibility to properly identify all pertinent factors relating to the injury.

PAST MEDICAL HISTORY

Indicate any major illnesses, past surgeries or hospitalizations. State if the patient had similar injuries prior to this accident.

SOCIAL HISTORY

Does the patient use of alcohol, tobacco and/or recreational drugs? Is the patient married? Include any other relevant information.

PHYSICAL EXAMINATION

Physical examination findings should be revealed in this section. List any positive exam findings, which may include orthopedic testing, neurological exam, myotomal testing, palpatory findings, restricted ranges of motion, posture analysis and any other relevant findings.

INITIAL PAIN SCALE FINDINGS

Describe the patient's symptoms at time of initial evaluation. It is also appropriate to describe their symptoms for each complaint using proper terminology (i.e. Minimal, Slight, Moderate, Severe and 0-10 pain scale with frequency (0-100%; Occasional, Intermittent, Frequent, Constant).

OBJECTIVE FINDINGS

- Objective findings include positive orthopedic testing, painful range of motion, decrease in grip strength, positive neurological findings/deficits, etc
- Positive MRI findings
- Positive X-Ray findings
- Pain and tenderness/Palpatory findings

ORTHOPEDIC TESTING

- Identify and describe any positive orthopedic tests

RANGE OF MOTION TESTING

- Indicate loss of motion relating to specific body regions
- If appropriate use inclinometers and/or goniometers to obtain measurements

NEUROLOGICAL EXAM

- Report and neurological deficits and/or findings

RADIOGRAPHIC EXAM AND ANALYSIS

- State radiographic views taken
- Reveal Conclusions/Impressions

DIAGNOSES

<SAMPLE>

E810.1 PASSENGER IN A MOTOR VEHICLE TRAFFIC ACCIDENT INVOLVING A COLLISION WITH ANOTHER VEHICLE.

847.0 CERVICAL SPRAIN/STRAIN

847.2 LUMBAR SPRAIN/STRAIN

724.4 LUMBAR RADICULITIS UNSPECIFIED

HISTORY OF TREATMENT

Utilize this section of the report to document the personal injury from date of injury to most current treatment received by the patient. Identify injured body parts and treatment rendered, including but not limited to any special imaging or referrals to specialists.

PROGNOSIS

State your professional opinion as to the overall prognosis at time of final evaluation. Based on treatment rendered what is the prognosis for this specific injury relating to the accident?

CURRENT SYMPTOMS

Describe the patient's symptoms at time of the final evaluation. Patient at this time is to be released from active treatment. Remember to describe their symptoms for each complaint using proper terminology as described in these notes.

FUTURE MEDICAL TREATMENT

This section is to define any medical treatment that may be needed in the future after the release from active care and the final evaluation to maintain the patient's current status from deteriorating. Include any treatment that may be needed in the future (i.e. Chiropractic, Physical Therapy, Cortisone Injections, Prescription Medication, Braces, Surgery, Orthopedic/Neurological Consults, etc.). In a personal injury case these recommendations are not guaranteed to the patient, but only stated to suggest that such treatment may be medically warranted in the future and is directly related to the accident injury. Such statements may affect the overall settlement of the case and if appropriate should be documented.

REASONS FOR OPINIONS

Make a statement as to why you derived the above opinions, such as from the history related by the patient, review of the available medical records/diagnostic testing, credibility of the patient, examination findings and clinical experience treating and evaluating patients with the same or similar conditions.

DISCUSSION

This section should be used to discuss the injury in depth and provide your professional opinion regarding this case. You should discuss the nature and extent of the injury and the consistency with the mechanism of injury. As the treating physician you should comment on the appropriateness of care rendered, not just in your office but as a whole. Has the patient received all of the appropriate measures to relieve the symptoms of their injury? State if the patient has responded to care and which modalities were most beneficial in relieving their symptom complex.

Sincerely,

Emily Crafts, D.C.