

Date created

15/01/2024

Portal number

OIC-01-24-10084

Claimant's name

Tom Watts

Medco reference

30652

Compensator's details:

Name

OIC Compensator

Compensator reference number

Medical Instruction Form Sample

Your instruction is to examine and report upon the injuries sustained by Tom Watts following a RTA on 1/1/21 .

Injuries sustained by claimant:

Neck - Whiplash

pain in my neck, my GP confirmed this is whiplash

Head/Senses - Headaches

I have had headaches for 10 days

1. Provide comment on the impact, if any, on diagnosis and prognosis (including whether or not the accident caused any injury) if —
 - a. the claimant's account is found to be true
 - or
 - b. the defendant's account is found to be true.

Defendant's version of events

Here the compensator will provide the Defendant's version of events for the medical provider to review.

This will only show if the compensator has agreed to provide this to the medical expert.

These instructions are given on the basis that you understand and comply with the duties and obligations of experts under Part 35 of the Civil Procedure Rules. It is also necessary that you are a MedCo accredited expert and that you complete the report with the appropriate statement of truth as set out in the Ministry of Justice Practice Direction to Part 35 at paragraph 3.3. here:

https://www.justice.gov.uk/courts/procedure-rules/civil/rules/part35/pd_part35

It is recommended that you complete the report in line with the existing 'Medical Report Form (RTA3)'.

It is important that where possible and appropriate, you provide a description and a separate prognosis in relation to each of the injuries indicated by the claimant, initial details of which are copied above from the claimant's small claim notification form.

Also outline the following detail as appropriate:

1. The nature and extent of the initial injuries with details of immediate treatment given for each, both physical and psychological.
2. Subsequent progress with details of further recommended treatment. If possible, identify: what that treatment or therapy would be and for which specific injury; when such treatment or therapy is likely to be appropriate or necessary; and the cost, or approximate cost, of such treatment or therapy (if known).
3. The nature and extent of any ongoing complaints and your summary of the claimant's condition and your view on the extent to which the claimant's ability to perform duties at work and enjoy usual social, recreational and domestic activities has been and/or is restricted; relating such opinion to each injury.
4. The period over which the injuries have affected the claimant particularly justifying any absence from work; identifying, where possible, the injury that has caused the absence.
5. Your prognosis, with particular reference to your estimate of the likely length of time over which the injuries will continue to affect the claimant's day to day work and leisure activities. If a final prognosis on any of the injuries claimed cannot yet be given please indicate when you anticipate that can be provided and for which injury.
6. If a further report, at a subsequent stage, would be appropriate and when that would be.
7. Any other information which you believe is important to capture the full extent of the claimant's injuries sustained in the accident in question.

Advise if a report from another specialist, on any aspect of the injuries or subsequent management and treatment is required. If so, please indicate the relevant specialism(s).