

Examination by Opposing Expert
Physical

Client _____
Date _____

You are being seen by a doctor hired by the other side. If we cannot tape record the examination we need you to complete this form immediately after you have seen the doctor. We need you to complete this form before you drive home so that your memory is fresh. We need to know what the doctor did or did not do so we can compare it to the report he may write.

Please mark "yes" or "no". If there is a blank to complete, please do so. Add any comments or suggestions.

Question	Yes	No
What examination was done? Did the doctor do this?		
Did you take off any of your clothes?		
If you took off clothes, what items?		
Did you take off your shoes and socks?		
Did the doctor shine a light in your eyes?		
Did the doctor watch your eyes while you looked in all four directions?		
Did the doctor shine the light first in one eye, then the other?		
Did the doctor look in your ears?		
Did the doctor have you open your mouth?		
Did the doctor have you stick out your tongue?		
Did the doctor ask you to turn your head to the right and left, back and forward?		
Did you move your arms above your head, in front of your body?		
Did the doctor test the strength of your grip? With a machine?		
Did the doctor have you bend over to touch your toes?		
Were you lying down on an examination table at any time?		
If yes, did the doctor press on your abdomen?		
If yes, did the doctor have you raise you leg off the table?		
If yes, did the doctor hold your foot and then turn it first one way, then the other to see how far your hip could rotate?		
If yes, did the doctor raise your leg for you until you complained of pain?		
Did the doctor tap your elbows with a rubber hammer to test the reflexes?		

Did the doctor tap your wrists with a rubber hammer to test the reflexes?		
Did the doctor tap your knees with a rubber hammer to test the reflexes?		

Claimant:		
Did the doctor tap your ankles with a rubber hammer to test the reflexes?		
Did the doctor stroke or rub the sole of your foot with a hard instrument?		
Did the doctor poke at your arms with a pin or run a sharp-toothed wheeled instrument over your arms?		
Did the doctor poke at your legs with a pine or run a sharp-toothed wheeled instrument over your legs?		
Did the doctor have you sit on a chair or examining table?		
If yes, did the doctor raise your leg up from the floor until you complained of pain?		
If yes, did the doctor have you raise your leg up from the floor as far as you could?		
If yes, did the doctor hold your foot and then turn it first one way, then the other to see how far your hip could rotate?		
Did the doctor feel your back with his hands?		
If yes, did he feel it in the middle where the bumps of the spine are located?		
If yes, did he feel it on either side of the spine?		
Did the doctor measure your thigh with a tape measure?		
Did the doctor measure your calf with a tape measure?		
Did the doctor measure your upper arm with a tape measure?		
Did the doctor measure your lower arm with a tape measure?		
Sometimes examination include measurements of joint movement. Please circle each joint that was measured by the doctor with an instrument. Shoulder, elbow, wrist hip, knee, ankle.		

Time Acknowledged by Receptionist: _____ Time of Interview: _____

Number of minutes you spent with the doctor _____

Who took your history, the doctor or a nurse? _____

Time You Left: _____

Time this form was completed

Date of exam _____

Name of Physician/Interviewer: _____

COMMENTS: _____
