Guidelines for Claimant's Practitioner

InjuriesBoard.ie is an independent Statutory Body. Our objective is to ensure that people claiming for injuries sustained in an accident have their compensation assessed quickly and fairly, without unnecessary litigation overheads.

The Claimant must submit a report from their treating Practitioner for us to assess their claim. Please note a copy of the medical report will be passed to the Respondent/s (the person/s against whom the claim is being made) and their insurers where known, in order that they may know the nature and extent of the claim. As a result the medical report should only contain medical history relevant to the claim being made.

We have undertaken to have the majority of claims assessed within nine months of submission and with this time frame in mind, it is vital that your report adheres to the following guidelines: clear, concise and gives, as far as is possible, a final prognosis and likely recovery period.

Reports should

- ✓ Be submitted in a standard format as per the attached template
- ✓ Be as clear and concise as possible
- ✓ Contain an Opinion/Prognosis and your view on the likely recovery time for the Claimant's injuries to resolve. If a full recovery is unlikely, outline the residual symptoms likely to be suffered by the Claimant and what effect these will have on their lifestyle/work
- ✓ Include relevant details of the Claimant's medical and accident history and advise whether the accident has exacerbated any pre-existing symptoms/injury

Where a final prognosis is not currently available we will arrange an up to date examination of the claimant.

If the claim proceeds to assessment, the Claimant will be awarded the reasonable and necessary cost of this medical report. Failure to furnish an adequate report may result, in exceptional cases, in this amount not being awarded.

Medical Assessment Form (Form B)

Application Number (if available)……...

Claimant Name		
Address		
Gender		
Marital Status		
Date of Birth		
Occupation		
Currently At Work	Yes ☐	No ☐
Height		
Weight		
R/L Hand Dominant		

Date of Accident	
Date of Examination	

Brief details of the accident/incident

Injuries Sustained (including diagnostic information)

Date first Treatment Sought	
From Whom was treatment received	
Was patient hospitalised	
Where was patient hospitalised	
Period of Hospitalisation	
Length of absence from Work	
Number of GP visits	
Number of Specialists visits, if any	
Identity of Specialists, if any	

Number of Physiotherapy Sessions, if any	
Treatment/Investigations to date	

Relevant Medical History (including previous and subsequent accidents)

Aggravation of pre-existing condition?	Yes ☐ No ☐
If yes, please give nature of pre-existing condition?	
Give details of previous accident history, if any	
Was pre-existing condition symptomatic before accident?	

Present Complaints

Clinical Findings on Examination

Clinical Description of effects of Claimant's Illness/Accident/Disablement

Practitioners should indicate the degree, if any, to which the Claimant's condition is affecting his/her ability in the following areas

	Normal	Mild	Moderate	Severe	Profound
Mental Health	☐	☐	☐	☐	☐
Learning/Intelligence	☐	☐	☐	☐	☐
Consciousness/Seizures	☐	☐	☐	☐	☐
Balance/Co-ordination	☐	☐	☐	☐	☐
Vision	☐	☐	☐	☐	☐
Hearing	☐	☐	☐	☐	☐
Speech	☐	☐	☐	☐	☐
Continence	☐	☐	☐	☐	☐
Reaching	☐	☐	☐	☐	☐
Manual Dexterity	☐	☐	☐	☐	☐
Lifting/Carrying	☐	☐	☐	☐	☐
Bending/Kneeling/Squatting	☐	☐	☐	☐	☐
Sitting	☐	☐	☐	☐	☐
Standing	☐	☐	☐	☐	☐
Climbing Stairs	☐	☐	☐	☐	☐
Walking	☐	☐	☐	☐	☐

Anticipated treatment required into the future

Opinion/Comment/Latest Prognosis

Are the injuries consistent with the accident? If not please specify
Are further investigations required? If so please specify
Is a full recovery expected? If not please detail likely effects on lifestyle/work
Please state the expected time period to full recovery
Are late complications expected? If so please specify
Are further Specialist reports recommended? If so please specify
General Comments and Observations

Completed by

Practitioner signature & name in BLOCK CAPITALS:
Address:
Qualifications:
Date of Completion: