

**MEDICAL INTERVIEW SHEET**

*Page 1 of 2*

***Please print, complete and sign this form after seeing your doctor then Fax, mail or hand-deliver to James H. Sandman, P. C.***

Please fill out this questionnaire after the insurance company doctor has examined you. You should try to answer all of the questions in the space provided. If you need additional space use the back of the form or add additional pages. Please answer the questions to the best of your ability and do not get upset if you do not know or cannot remember the answers. The few minutes that you need to complete this questionnaire may make a substantial difference regarding the outcome of your case.

Name of Employee: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Date of Injury: \_\_\_\_\_

Your telephone #: \_\_\_\_\_

Examination by: \_\_\_\_\_

Date of Examination: \_\_\_\_\_

1. What time was your appointment scheduled for?

2. What time did you arrive?

3. How were you transported to your appointment?

4. Did you drive yourself? If not, who drove you?

5. How many people were waiting to see the doctor?

6. What time were you actually taken in to the treatment room?

7. Who first examined you, or attended to you, if other than a doctor?

8. What exactly did the first examining doctor do? For example, take your temperature, take your blood pressure, etc.

9. What questions did the first examining person ask you?

**MEDICAL INTERVIEW SHEET**  
*Page 2 of 3*

10.	Who asked you your medical history?
11.	If the medical history was given to another person other than the doctor, was it written down or given to the doctor before he examined you?
12.	What time were you actually seen by the doctor?
13.	How long did he spend with you?
14.	What did he ask you?
15.	List all the tests he conducted or instruments he used:
16.	What did he do?
17.	What, if anything, did he recommend?
18.	Did he ask you any questions about legal fault or negligence?
19.	Do you have any other comments or observations about your appointment?
19.	Do you have any other comments or observations about your appointment?
Signature: _____ Date: _____	