Date

Address

Dear      

**Independent Medical Examination Report**

# Name of injured worker

**Date of birth** xx month xxxx

**Claim number**      

**Date of injury**      

Further to your letter of xx month xxxx I saw worker's name on xx month xxxx at location for an independent examination and report.

The worker attended unaccompanied/with {name of support person / interpreter}.

I explained my role as an independent doctor, and also that my report from this assessment would be sent to you.

**DOCUMENT REVIEW** (available medical reports and special investigations eg, imaging studies)

I confirm I reviewed the following documents provided:

a.      

b.      

c.      

d.      

e.      

**CLINICAL HISTORY**

Relevant history including:

1. past medical history (this must include details of any previous or subsequent injuries, conditions or abnormalities)
2. summary of injuries received and diagnoses made of the worker’s condition.
3. summary of all treatment received
4. details and dates of clinical investigations
5. current treatment
6. current medications.

**GENERAL HISTORY**

Relevant history including:

1. educational and occupational history
2. social and personal history
3. job description/work tasks (when relevant).

     

**EXAMINATION** (clinical evaluation details such as the range of movement, neurological findings and any other investigation)

1. List of injuries assessed
2. Your findings on comprehensive clinical examination, including negative findings
3. Your comments on consistency of presentation and, where appropriate, how this compares to the medical reports and other material sighted
4. Comments on the capacity for work, whether in the substantive role or another role
5. Has all reasonable and necessary rehabilitation / medical management been provided and if so have the effects of the work related injury ceased? If not, what are your rehabilitation/medical treatment recommendations?
6. If the effects of the work related injury haven’t ceased when do you consider the injury will be stable and stationary?

     

**SPECIFIC QUESTIONS**

Further questions as per the referral letter

     

**CONCLUSION**

Conclusion summary

     

The contents of this report are true to the best of my knowledge and belief.

Please do not hesitate to contact me on telephone number if I may be of further assistance.

Yours sincerely

Your name and Specialty