

## NARRATIVE REPORT

Patient Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

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

Occupation \_\_\_\_\_

1. Medical history of accident injury

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2. Past medical

history \_\_\_\_\_

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3. Diagnosis of

injury \_\_\_\_\_

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4. Treatment

State whether or not treatment was reasonable and necessary and related to the motor vehicle accident.

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5. Is future treatment needed: Yes\_\_\_\_ NO\_\_\_\_

If yes, what type of future treatment and what would be the frequency and cost of such treatment?

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6. Any restrictions: Yes\_\_\_\_ NO\_\_\_\_

If yes, state restrictions

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7. Has patient sustained 60 days of disability? Yes\_\_\_\_\_ NO\_\_\_\_\_

8. Has patient sustained a permanent injury as a result of the accident?

Yes\_\_\_\_\_ NO\_\_\_\_\_

If yes, what injuries are permanent

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Dated \_\_\_\_\_

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Signature