

NARRATIVE REPORT

Patient Name _____

Date of Birth _____

Date of Injury _____

Occupation _____

1. Medical history of accident injury

2. Past medical

history _____

3. Diagnosis of

injury _____

4. Treatment

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

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?

6. Any restrictions: Yes_____ NO_____

If yes, state restrictions

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

Dated _____

Signature