

INDEPENDENT MEDICAL EXAMINATION INFORMATION

I understand that I am here for an Independent Medical Evaluation or an Impairment Evaluation; this means the doctor performing the evaluation is neither treating me nor an employee of whomever requested the evaluation. There is no doctor patient relationship established. The doctor is not an employee of any insurance companies, third party administrator, attorneys, governmental agency, employer, or physician that has requested the evaluation. The purpose of the evaluation is to provide a thorough objective evaluation of the specific condition-s related to the injury or illness in question. It includes prior or subsequent conditions that may affect it, and answer whatever questions the requesting party has. This document outlines the IME process, my rights, and my responsibilities.

This IME or evaluation is not a comprehensive medical evaluation. It will not provide advice or treatment or substitute for evaluation or treatment by my regular treating doctor. A physician-patient relationship is not established between the evaluating physician and me. Accordingly, there is no patient-physician privilege associated with this evaluation. Usually a written report will be provided summarizing today's evaluation and will be sent back to the requesting organization or party. If I would like a copy of the report or have further questions, I will contact them and not the evaluating physician.

I understand that generally my evaluation will begin with intake forms and questions from a staff member, the doctor asking me further questions regarding my problems-s, how it began, and what evaluations and treatments have been done accordingly. Information I personal provide along with additional medical records available will be used for the review. The doctor will then ask about other information such as my work status, etc. All information I provide will also be in the report.

After the interview, a physical examination of the relevant body part-s will be conducted. I fully understand that I need to tell the doctor in advance about performing a maneuver that I feel I may not be able to do safely. I understand I am not required to do anything that I feel may worsen or cause any harm to me. If at any time anything is causing me discomfort I will inform the doctor so it can be stopped immediately. I understand there may be some mild discomfort, pain, stiffness or other symptoms produced in most examinations of this sort. Touching a tender spot or checking how far I can comfortably move a stiff joint are a couple examples. Such findings are helpful in understanding my condition. The IME or evaluation, however, is not intended to cause any injury or excessive pain. I understand that in order to avoid that, I must fulfill my responsibility to inform the doctor-s if there is something I am concerned that I can not do or if something may cause too much discomfort. Etc.

I understand that I am permitted to have a Chaperone present during the examination, at my request.

I consent to the taking of photographs to document findings during the physical examination.

I have read and understand the information above and it's instructions. I authorize this physician or any co-worker to obtain any information that may be relevant to the condition-s in question. I agree to have this information and results of the IME or evaluation, verbally or in writing to the entity or it's representatives that has requested the IME or evaluation.

Signature

Date

Printed or Typed Name