

**MEDICAL QUESTIONNAIRE**

RE:

1. Did the patient have \_\_\_\_\_ prior to (DA)?

YES \_\_\_\_\_ NO \_\_\_\_\_

COMMENT:

Would this be considered arthritis?

YES \_\_\_\_\_ NO \_\_\_\_\_

If the above answer is "yes" please explain.

2. Is the \_\_\_\_\_ permanent and serious enough to constitute a hindrance or obstacle to employment?

YES \_\_\_\_\_ NO \_\_\_\_\_

COMMENT:

3. Did the injury of (DA) aggravate or combine with the pre-existing \_\_\_\_\_?

YES \_\_\_\_\_ NO \_\_\_\_\_

COMMENT:

4. Did the fact that the patient had \_\_\_\_\_ cause him/her to lose substantially more time from work than he/she would have had from the (DA) injury alone?

YES \_\_\_\_\_ NO \_\_\_\_\_

COMMENT:

5. Did the fact that the patient had \_\_\_\_\_ cause him/her to have a substantially higher percentage of permanent disability than he/she would have had from the (DA) injury alone?

YES \_\_\_\_\_ NO \_\_\_\_\_

COMMENT:

6. Have the medical costs in this case been substantially increased due to the existence of \_\_\_\_\_?

YES \_\_\_\_\_ NO \_\_\_\_\_

COMMENT:

Please list any other conditions diagnosed that pre-existed the injury of (DA).

\_\_\_\_\_  
Dr.

\_\_\_\_\_  
Date