

Guidelines for Claimant's Doctor

InjuriesBoard.ie is an independent Statutory Body. Our objective is to ensure that people claiming for injuries sustained in an accident, where legal issues are not in dispute, can have their compensation assessed quickly and fairly, without unnecessary litigation overheads.

The Claimant must submit a report from their treating Doctor for us to assess their claim. Please note a copy of the medical report will be passed to the Respondent/s (the person/s against whom the claim is being made) and their insurers where known, in order that they may know the nature and extent of the claim. As a result the medical report should only contain medical history relevant to the claim being made.

We have undertaken to have the majority of claims assessed within nine months of submission and with this time frame in mind, it is vital that your report adheres to the following guidelines: clear, concise and gives, as far as is possible, a final prognosis and likely recovery period.

Reports should

- ✓ Be submitted in a standard format as per the attached template
- ✓ Be as clear and concise as possible
- ✓ Contain an Opinion/Prognosis and your view on the likely recovery time for the Claimant's injuries to resolve. If a full recovery is unlikely, outline the residual symptoms likely to be suffered by the Claimant and what effect these will have on their lifestyle/work
- ✓ Include relevant details of the Claimant's medical and accident history and advise whether the accident has exacerbated any pre-existing symptoms/injury

Where a final prognosis is not currently available we will arrange an up to date examination of the claimant.

If the claim proceeds to assessment, the Claimant will be awarded the reasonable and necessary cost of this medical report. Failure to furnish an adequate report may result, in exceptional cases, in this amount not being awarded.

Length of absence from Work	
Number of GP visits	
Number of Specialists visits, if any	
Identity of Specialists, if any	
Number of Physiotherapy Sessions, if any	
Treatment/Investigations to date	

Relevant Medical History (including previous accidents)

Aggravation of pre-existing condition?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please give nature of pre-existing condition?				
Give details of previous accident history, if any				
Was pre-existing condition symptomatic before accident?				

Present Complaints

