

Appointment Protocol

State Workers' Compensation or Personal Injury

Use different forms for Federal Workers' Compensation, VA Disability or Social Security Disability. Forms at www.EllisClinic.com or call Ellis Clinic.

Date: _____

Referring Attorney: _____

Address: _____

Phone _____ Fax _____

CLIENT'S Name: _____

Fee: \$500 Payable at the time records are submitted.

There may be an extra fee if there are extensive records or multiple injuries or conditions to be evaluated.

Collation of Records:

1. **Legal:**

- Claim Form
- Attorney correspondence
- Prior adjudications

2. **Summary List of Records**

- Your Summary List will be attached to the expert medical opinion report.
- If no Summary List the report will only reference the thickness of the records.

3. **Medical:**

Send only pertinent records such as the Operation Report but not all the hospital records. Staple or clip together each operative report, test or medical provider.

- Operation Reports and Hospitalization Discharge Summaries
- Tests: MRI, EMG, X-Ray
- Physician Records: Staple or clip together each doctor or clinic.
- Other Records

4. Submit an **Ellis Clinic Injury Information** form for each claim.

Summary List Example

John Q. Doe, Claim# or SSN 123-45-6789

1. CC-Form 3 Filed 9/1/2016
2. Operations:
 - a. 2/7/17 Left Shoulder Arthroscopy: Rotator Cuff Repair, Ima Cutter, MD
Post Op Diagnosis: Rotator Cuff Tear
 - b. 3/3/15 Lumbar Spine L5-S1 Fusion, Joe Bones, DO
Post Op Diagnosis: Herniated Disc L5-S1
3. Tests:
 - a. 6/6/14 MRI Left Shoulder
 - b. 4/2/14 EMG/NCS Lower Extremities
4. Physician Records:
 - a. 4/4/13 to 12/3/17, Ima Cutter, MD
 - b. 8/6/13 to 7/3/17, Joe Bones, DO
5. Other Records
 - a. Wellness Physical Therapy: 7/16/2001 to 10/5/2001

Injury Information: State Workers' Compensation or Personal Injury

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Date of Injury: _____ **Type of Injury:** [] State Workers' Compensation [] Personal Injury

Patient Name: _____

SSN: _____ **Date of Birth:** _____ Male Female

Address / PO Box: _____

City: _____ **State:** _____ **Zip:** _____

Phones _____ **E-Mail** _____

Referring Attorney: _____

BRIEFLY DESCRIBE WHAT CAUSED THIS INJURY. Examples: Slipped and fell on my back, My car was hit from the rear, A box fell on my left shoulder.

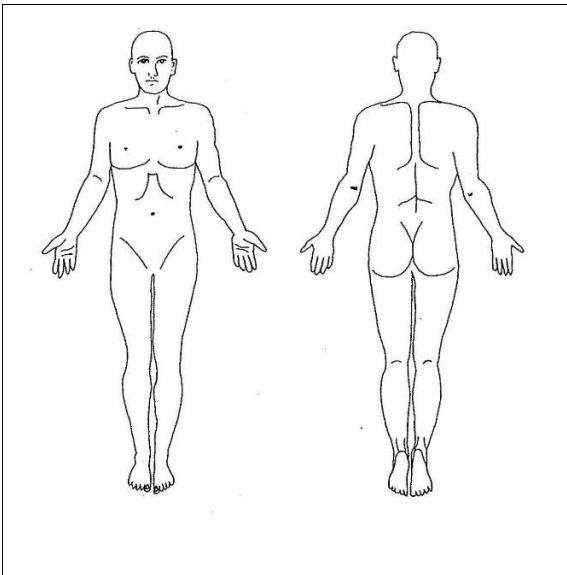
BRIEFLY LIST YOUR TREATMENT. Examples: Mercy ER, X-Rays. Marcus Welby, medications. Ima Cutter MD, Back Surgery 11/1/2015. Physical Therapy.

WHERE DO YOU STILL HAVE PROBLEMS?

DID YOU MISS WORK DUE TO THIS INJURY? [] No [] Yes If Yes list or estimate the dates or time missed. _____

OTHER SIGNIFICANT PAST OR RECENT INJURIES, i.e. 1968 highschool football. Left knee, surgery. 1978 Sprained left ankle at home. 1988 WC Back&Neck: Back surgery, I still have back and left leg pain. 1995 Rear end car wreck, neck pain.

Circle Where You Still Have Pain or Problems from This Injury



PERTINENT PAST MEDICAL HISTORY (Surgeries, Diseases not mentioned above)

PERTINENT FAMILY MEDICAL HISTORY (Asthma, Diabetes, Heart Attacks, Strokes, etc.)

MEDICATION ALLERGIES:

WORK STATUS: [] Still working for same employer [] Working for a new employer
[] Still off work due to this injury [] Fired [] Retired

SCHOOL: [] High School Degree [] GED [] Years in College or Degrees
Ellis Clinic is in the 9 story 5100 Building located to the west of the corner of NW 50th Street & N. May Ave in Oklahoma City, OK