## **QUESTIONNAIRE** | Compensation for Accident Injuries

Page 1-4



#### Dr. B. VANERMEN

[IDENTITY]

Orthopaedic Surgery Evaluation of Human Damage Sport traumatology Judicial expert

| > | Name:              | > | First name:   |
|---|--------------------|---|---------------|
| > | Street:            | > | Nr:           |
| > | Postal code:       | > | City:         |
| > | Date of Birth:     |   |               |
| > | Number of ID card: |   |               |
| > | Telephone:         | > | Mobile Phone: |
| > | E-mail:            |   |               |

Name, address and telephone of your general practitioner:

[ACCIDENT]

Spouse:

Traffic accident: driver – passenger – pedestrian / car – motorbike – bike – scooter – truck Industrial accident Personal accident Physical violence injuries

Occupation spouse:

- Vehicle:
  (brand/model/cc)
  Vehicle of the other party:
  (brand/model/cc)
- Date & Time of the accident:
  Place of the accident:
- > Employer at the time of the accident:
- > Occupation at the time of the accident:
- Injuries: (only list them, without further explanation)

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Page 2-4



# [WORKING TIME LOST DUE TO THE ACCIDENT]

|     | >        | Insurance:  | from                  | till                   |  |
|-----|----------|---|-----------------------|------------------------|--|
|     | >        | National Health Service:                          | from                  | till                   |  |
|     | >        | Wellfare:   | from                  | till                   |  |
|     |          |   |                       |                        |  |
| [DE | SCF      | RIPTION OF THE ACCI                               | DENT - CAUSE O        | F INJURIES – EV        | OLUTION]                                   |
|     | Но       | ow did the accident occur                         | / What caused the     | e injuries:            |  |
|     |          |   |                       |                        |  |
|     |          |   |                       |                        |  |
|     |          |   |                       |                        |  |
|     | Pro      | ogress of treatment and Hospitalization:          | evolution of the in   | juries:                |  |
|     |          | Which hospital                                    | Address               | s of the hospital      | From to                                    |
|     |          |   |                       |                        |  |
|     |          |   |                       |                        |  |
|     |          |   |                       |                        |  |
|     | >        | Operations/Surgery:                               |                       |                        |  |
|     |          | What kind of operation                            | Nar                   | ne surgeon             | Date                                       |
|     |          |   |                       |                        |  |
|     |          |   |                       |                        |  |
|     | >        | Further treatments:                               |                       |                        |  |
|     |          |   |                       |                        |  |
|     | >        | Physio- / Osteopathy: (number of treatments, from | to)                   |                        |  |
|     | >        | Care: from to                                     | (nursin               | g – bandages – crutche | s – hospital bed – help from third parties |
|     | >        | Household assistance: from                        | om to                 | (spouse                | – parents – home help)                     |
|     | <i>A</i> | My condition hasn't chang                         | ed since (no worse in | no hetter):            |  |

> Are there any other treatments planned for the nearby future:



### [EDUCATION - OCCUPATION]

Graduation certificate:

| > | Other competences: (day, weekend or night school / training) |                         |           |                      |  |  |
|---|--|-------------------------|-----------|----------------------|--|--|
| > | Military service:  | Military service:       |           |                      |  |  |
| > | Successive occupation  | Successive occupations: |           |                      |  |  |
|   | Employed as Employer From to Why did you change              |                         |           |                      |  |  |
|   |  |                         |           |                      |  |  |
|   |  |                         |           |                      |  |  |
|   |  |                         |           |                      |  |  |
|   |  |                         |           |                      |  |  |
|   |  |                         |           |                      |  |  |
| > | Wellfare periods:  |                         |           |                      |  |  |
|   | PLAINTS/CONDITIC   | ON BEFORE THE ACCID     | Treatment | Remaining complaints |  |  |
|   |  |                         |           | Remaining complaints |  |  |
|   | PLAINTS/CONDITIC   | Complaint               | Treatment | Remaining complaints |  |  |
|   | PLAINTS/CONDITIC   | Complaint               | Treatment | Remaining complaints |  |  |
|   | PLAINTS/CONDITIC   | Complaint               | Treatment | Remaining complaints |  |  |
|   | PLAINTS/CONDITIC   | Complaint               | Treatment | Remaining complaints |  |  |
|   | PLAINTS/CONDITIC   | Complaint               | Treatment | Remaining complaints |  |  |
|   | PLAINTS/CONDITIC   | Complaint               | Treatment | Remaining complaints |  |  |
|   | PLAINTS/CONDITIC   | Complaint               | Treatment | Remaining complaints |  |  |

Education: primary school / secondary school / technical school, A2-A3, ... / College / University / other

Age of graduation:



# [ACTIVITIES APART FROM WORK]

| (hobbies | or other | activities) |
|----------|----------|-------------|
|----------|----------|-------------|

- Prior to the accident:
- After the accident:

#### [FAMILY SITUATION]

(living alone, living with family members, apartment, non-detached house, detached house, garden, ...)

#### [CURRENT COMPLAINTS]

| Type of complaint | Where is the pain located | When do you feel the pain (day / night) | While resting or during activity |
|-------------------|---------------------------|---|----------------------------------|
|                   |                           |   |                                  |
|                   |                           |   |                                  |
|                   |                           |   |                                  |
|                   |                           |   |                                  |

- > What is the effect of the complaint on your professional life, your hobbies, sports or other:
- Do you take any medicine to remedy the complaint: (which ones, how frequently)
- > Do you take any other medicinal drugs:

# [DO YOU THINK THERE ARE OTHER IMPORTANT ISSUES FOR WHICH YOU DESERVE COMPENSATION]

> Regarding physical or mental damage: