|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date: | (DD/MM/YYYY) | | | | |
| Requestor’s name: |  | | | | |
| Company: |  | | | | |
| Address: |  | | | | |
| City / Suburb: |  | Post Code: |  | State: |  |
|  |  |  |  |  |  |

**Injury Scale Value (ISV) Medical Assessment Report**

Physical Injury(ies)

All sections must be completed

*You may add additional sub-headings to assist in the laying out of your report*

|  |  |
| --- | --- |
| Name of claimant: |  |
| Date of birth: | (DD/MM/YYYY) |
| MVA claim number: | (XXXXXXX/XXXXXXXXXX) |
| Date of injury: | (DD/MM/YYYY) |
| Occupation: |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Dear:** | (Requestor Name) | | | | | |
| **Further to your referral letter of:** | | (DD/MONTH) | | | | |
| **I saw:** | (Name) | | **on:** | (DD/MONTH) | **at:** | (Location) |
| for the purpose of an ISV Medical Assessment Report. | | | | | | |

You have requested a whole person impairment assessment and my opinion regarding an Injury Scale Value (ISV) Item Number for the following injury(ies):

*Example injuries (delete and insert referred injuries into this section)*

* *Fractured Right Humerus*
* *Laceration Forehead*
* *Fractured Right Greater Trochanter*
* *Fractured Ribs 2,3,4 / Intercostal bruising*

|  |
| --- |
| Your referral letter states the injury(ies) listed above occurred as a result of the following stated cause:  *Describe the stated cause as detailed in the referral letter.* |
| The injured person attended alone/or with *(please state the name of the support person and their relationship to the injured person)* |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | An interpreter was not present at the consultation. | |  | An official interpreter was present and assisted throughout the consultation. | | Name & NAATI Number: | |  | | | |

|  |
| --- |
| I explained my role as an Accredited Medical Practitioner and that my report from this assessment would be sent to you. I acknowledge that I have received and read Chapter 7, Part 14-Expert Reports, of the Uniform Civil Rules 2020, as amended. I confirm that my report complies with these provisions. Further, this report has been written in accordance with the current edition of the “Training Manual for ISV Medical Assessments.” |

**Document Review**

I confirm the following documents were provided and read for this assessment:

|  |  |
| --- | --- |
| 1: |  |
| 2: |  |
| 3: |  |
| 4: |  |
| 5: |  |
|  | *In addition, list any other relevant documentation provided by the examinee.* |

**History** *(to assist the parties in determining the level of impact of the injury(ies) on the person)*

|  |  |
| --- | --- |
|  | Occupational, past medical history and relevant personal and family history |
|  |  |
|  | Mechanism of injury *(include initial onset of symptoms and subsequent related events including investigations and treatment)* |
|  |  |
|  | Present status of medical condition(s), treatment and medications *(include capacity for activities of daily living and work)* |
|  |  |

**Examination** *(Detail your method of assessment and any relevant clinical findings)*

|  |
| --- |
|  |

Review of diagnostic investigations *(List the relevant diagnostic investigations and their results. In the case of medical imaging, state whether or not you have reviewed the original films or reports. Can include brief comments on information submitted in Document Review, and if applicable, the reason your opinion differs)*

|  |
| --- |
|  |

Opinion *(Each section of the opinion must address each accident related injury separately)*

My opinion addresses the following **for each accident-related injury**. *(delete examples, insert referred injuries and diagnosis for each injury into this section)*

|  |  |
| --- | --- |
| **1.** | **Diagnosis;**   * *Fractured Right Humerus* * *Laceration Forehead* * *Fractured Right Greater Trochanter* * *Fractured Ribs 2,3,4 / Intercostal bruising* |
|  |  |
| **2.** | **Prognosis;**  *(include your opinion for any future treatment)* *(delete examples, insert referred injuries and prognosis for each injury into this section)* |
|  | * *Fractured Right Humerus* * *Laceration Forehead* * *Fractured Right Greater Trochanter* * *Fractured Ribs 2,3,4 / Intercostal bruising* |
| **3.** | **Injury stability;** (R*efer to AMA 5 Maximal Medical Improvement definition*) *(delete examples, insert referred injuries and stability for each injury into this section)* |
|  | * *Fractured Right Humerus* * *Laceration Forehead* * *Fractured Right Greater Trochanter* * *Fractured Ribs 2,3,4 / Intercostal bruising* |
| **4.** | **Whether the injury is consistent with the stated cause;** *(Refer to the stated cause contained in the referral letter)* |
|  |  |
| **5.** | **Has the Motor Vehicle Accident had an effect on any pre-existing injuries or conditions, if so, to what extent?;** |
|  |  |
| **6.** | **Has the injured person had any subsequent injuries or conditions that have been made worse by the Motor Vehicle Accident, if so, to what extent?** |
|  |  |
| **7.** | **Whether the assessment was based on AMA 5. Provide detailed reasons if other criteria were used;** |
|  |  |
| **8.** | **If relevant, the whole person impairment;** *(State the clinical findings, methodology on how impairment is calculated and relevant provisions of AMA 5 criteria (or other criteria used). If a range of percentages is available, provide detailed reasons for selecting a specific WPI point value in the range)* |
|  |  |
| **9.** | **The Injury Scale Value (ISV) Item Number;** *(Provide an opinion for each ISV Item Number. Refer to the descriptors from Schedule 1 CLR available in the Training Manual. You must not comment on the ISV range for the Item Number)* |
|  |  |

**My opinion also addresses the following matters which have been agreed between the insurer and the injured person and/or their representative:**

|  |  |
| --- | --- |
| 󠄀 | *Insert either* ‘No further questions were provided’ - OR - |
|  |  |
| 󠄀 | *Provide your opinion on the matters as requested in the referral letter* |
|  | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Summary Table** *(Summarise key information from the Opinion section)* | | | | |
| **Body part or system** | **AMA5 Chapter, page, table/figure** | **Other methodology used,  including relevant references** | **Whole Person Impairment  (WPI) %** | **ISV Item Number** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| The contents of this report are true to the best of my knowledge and belief. I have made all enquires which I believe are desirable and appropriate and no matters of significance which I regard as relevant have, to my knowledge, been withheld from the Court.  I am accredited to conduct assessments for these body systems.  This report complies with the requirements under regulations 4, 5, 16, 17, 23 and 24 of the *Civil Liability Regulations 2013*. | | |
| **Please phone me on:** |  |  |
| **or email at:** |  | **if I may be of further assistance**. |

Yours sincerely,

*Title, First Name, Surname*  
Accredited Medical Practitioner  
Motor Accident Injury Accreditation Scheme

*Optional: Add company logo and details here*