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10/13/11

RE: Narrative Report guidelines

Dear Dr.,

I need your report concerning evaluation of symptoms that my client did and still experiences as a result of her above referenced automobile accident. My client has stated to me she continues to experience numerous interferences with her life.

I need a clear statement in your report that details the following:

Patient Complaints:

- a) symptoms (and to what degree) were present prior to this accident that were
 - 1) NOT made worse from this accident, and
 - 2) WERE made worse from this accident (aggravation of existing conditions)
- b) symptoms (and to what degree) were present only after this accident, and at different times after the accident if appropriate due to variation in symptoms
- c) what symptoms (and to what degree) are still present at this time,

Diagnoses - please list ALL diagnoses with ALL pertinent adjectives (ex. acute, subacute, chronic, currently asymptomatic, minimal, mild, moderate, advanced, severe, etc.)

Interferences with Activities of Daily Living:

- a) how the accident related symptoms have interfered with my client's life including work duties, sleeping, exercising, etc.,

Duties Under Duress - please list all activities performed under hindrance due to symptoms

Loss of Enjoyment of Life - please list all activities that the patient can no longer do at all

Disability -

- a) temporary
- b) permanent

Disfigurement (scars, lumps, loss of body tissue or parts, change in appearance, etc.) -

Present and Future Care -

- a) the need for present and future health care (if applicable), and
- b) the anticipated cost for the present and future health care (if applicable).

SUSCEPTIBILITY TO REINJURY:

The injured area (and/or organ) (specify the specific area(s) and/or organ(s)) of this patient's body are more susceptible to reinjury or new injury as compared to an ordinary person because

AUTHENTICATIFICATION and CERTIFICATION of bills and services rendered similar to the following:

The bills submitted represent reasonable charges for services actually rendered to the patient. The services rendered to this patient were reasonably necessary to diagnose and treat their injuries, and the patient's injuries were caused entirely (and/or exacerbated pre-existing injuries) from their accident that occurred on the above listed date.

This information is only needed and wanted provided that there is a reasonable, relatively low cost for providing it, and that cost and payment details are approved by me PRIOR to performing these services. Neither myself nor my client cares to have a large bill due to an extended amount of time needed for the provider to familiarize themselves with their notes prior to writing.

Your signed report detailing this information will be much appreciated, if approved as previously stated. The sooner I receive it the better, because this is information that I need to complete my initial demand letter that I will be sending to the third party insurance claims adjustor.

Thank you for your attention to this matter.

Sincerely,

David H. Hofheimer, D.C., Esq.