

State of

California

~~Qualified or Agreed Medical Evaluator's Findings Summary Form~~

Employee 1. Employee Name (First, Middle, Last) 2. Social Sec No. (Optional) 3. Date of Injury (Mo/ Dy /Yr)

4. Street Address City Zip 5. Telephone

Claims Administrator/ Employer 6. Name : 7. Street Address City Zip 8. Telephone

Exam Referral Schedule 9. Date of Appointment Call 10. Date of Initial Examination 11. Date of Referral for Medical Testing/Consultation

12. Date AME/QME's Report Served on all Parties

13. The following medical issues will be used to determine the patient's eligibility for workers' compensation:

Disputed Medical Issues And Conclusion Check the appropriate box and reference the corresponding page(s) or section of the med-legal report for details:

Table with 5 columns: Question, Report page(s) or section, Yes, No, Pending or Info. Not Sent. Rows include questions a-f regarding permanent disability, medical condition stability, work causation, apportionment, and return to work.

If restricted work is recommended, reference page(s)/section in report for details: \_\_\_\_\_

Table with 5 columns: Basis for Conclusions, Check box and refer to page(s) or section in report, Report page(s) or section, Yes, No, Pending or Info. Not Sent. Rows include questions 14-19 regarding subjective complaints, abnormal findings, diagnostic tests, diagnoses, and physician reports.

QME 20. Signature \_\_\_\_\_ Date: \_\_\_\_\_

21. Name \_\_\_\_\_ Specialty \_\_\_\_\_

22. Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

23. Telephone \_\_\_\_\_ Cal. # \_\_\_\_\_

## Instructions

~~To the QME or AME: You are required by Labor Code section 4061 to summarize the medical findings from your comprehensive medical-legal evaluation on the form prescribed by the Industrial Medical Council (IMC). Please complete the form in its entirety.~~

~~Employee Information: Fill in employee's full name, address, telephone number and date of injury~~

~~Exam Referral Schedule: complete dates that patient called for an appointment, date of initial examination, date referred for consultation(s), if any, and date report served on all parties. Supplying these dates are a legal requirement.~~

~~Disputed Medical Issues and Conclusions: Complete this section by checking appropriate box and stating what page(s) or section of the medical-legal report contain the narrative for details. If diagnostic or laboratory tests have been ordered and the results or a medical records request is pending, check that box. If you cannot render opinions because of pending information, please complete and serve the report to comply with the 30 day time requirement and state what issues could not be evaluated.~~

~~Basis for Conclusions: Check appropriate box and give page numbers or section where the narrative in the full report is found. For diagnoses, in addition to page numbers, please briefly summarize the diagnoses in lay terms where possible. Also, list name and specialty for other physicians who provided information used in the medical-legal report.~~

~~Signature: Remember under the Labor Code, all your reports must be signed under the penalty of perjury.~~

~~You are required to serve the medical-legal report and this form on the employee, the claims administrator, (if none, employer) and the Disability Evaluation Unit (DEU) having jurisdiction over the employee's area of residence.~~