

**INITIAL MEDICAL REPORT (FOR H.K & C.G.)**

(To be completed by Chiropractor at the treatment facility)

**PATIENT NAME:**

**MVA DATE:**

**DATE COMPLETED:**

I have examined the subject individual. In my opinion this individual sustained the following injuries and impairments as a result of the above note accident:

As a result of these injuries and impairments this individual has the following limitations:

It is my medical opinion that this individual will require assistance with their housekeeping and home maintenance tasks for the following reasons:

**CHIROPRACTOR NAME & SIGNATURE**