

Dr. B. VANERMEN

*Orthopaedic Surgery
Evaluation of Human Damage
Sport traumatology
Judicial expert*

[IDENTITY]

- Name:
- Street:
- Postal code:
- Date of Birth:
- Number of ID card:
- Telephone:
- E-mail:
- Spouse:
- Name, address and telephone of your general practitioner:
- First name:
- Nr:
- City:
- Mobile Phone:
- Occupation spouse:

[ACCIDENT]

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

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



[EDUCATION - OCCUPATION]

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

- Graduation certificate: _____ Age of graduation: _____

- Other competences:
(day, weekend or night school / training)

- Military service:

- Successive occupations:

Employed as	Employer	From ... to ...	Why did you change

- Wellfare periods:

[COMPLAINTS/CONDITION BEFORE THE ACCIDENT]

Date or age	Complaint (disease/accident/...)	Treatment (operations/...)	Remaining complaints

[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: