

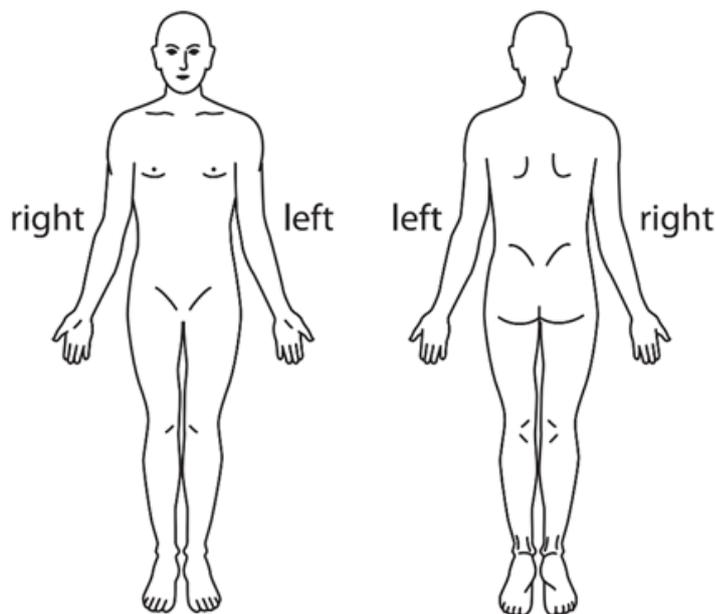
# Head to toe self-assessment checklist.

Use this checklist to do a complete head to toe assessment of all your injuries, then take it to your GP appointment when you get your certificate of fitness. Make sure nothing is missed - if just one injury is left off, it could dramatically reduce your compensation entitlements.

|   |  |
|---|--|
| Your name                                 |  |
| Date of accident                          |  |
| Date of birth                             |  |
| Did an ambulance attend the scene?        |  |
| Were you admitted to hospital? Which one? |  |

## Your physical injuries.

Start by looking at the diagram below, and mark anywhere you have an injury, including any pain, bruising or scarring. Then work your way through the checklist and make notes about each of these injuries.



### Head Injuries.

- Diagnosed injuries (eg fractures, concussion, hematoma, brain damage)
- Bruising, pain or inflammation
- Burns, scarring or disfigurement

Your notes:

|   |                    |
|---|--------------------|
| <p><b>Face Injuries.</b></p> <ul style="list-style-type: none"> <li>• Eye injury or loss of sight</li> <li>• Loss of hearing</li> <li>• Loss of smell</li> <li>• Loss of taste</li> <li>• Lost or damaged teeth</li> <li>• Fractures or broken bones</li> <li>• Bruising, pain or inflammation</li> <li>• Burns, scarring or disfigurement</li> </ul>                         | <p>Your notes:</p> |
| <p><b>Neck/Back Injury.</b></p> <ul style="list-style-type: none"> <li>• Spinal cord injury</li> <li>• Fractures or breaks</li> <li>• Disc bulges</li> <li>• Nerve damage</li> <li>• Pain, bruising or sprain</li> <li>• Muscle damage or inflammation</li> <li>• Whiplash</li> <li>• Burns, scarring or disfigurement</li> </ul>   | <p>Your notes:</p> |
| <p><b>Chest / Ribs / Breast Injury.</b></p> <ul style="list-style-type: none"> <li>• Fractures or broken bones</li> <li>• Ruptured breast implant</li> <li>• Bruising, pain or inflammation</li> <li>• Burns, scarring or disfigurement</li> </ul>  | <p>Your notes:</p> |
| <p><b>Shoulder Injury.</b></p> <ul style="list-style-type: none"> <li>• Fractures or broken bones</li> <li>• Dislocation</li> <li>• Tendon, ligament or cartilage tear</li> <li>• Bursitis</li> <li>• Frozen shoulder</li> <li>• Burns, scarring or disfigurement</li> <li>• Pain, bruising or sprain</li> <li>• Muscle damage or inflammation</li> <li>• Whiplash</li> </ul> | <p>Your notes:</p> |
| <p><b>Arm Injury.</b></p> <ul style="list-style-type: none"> <li>• Fracture or break of elbow, forearm or wrist</li> <li>• Carpal Tunnel Syndrome</li> <li>• Tendon, ligament or cartilage tear</li> <li>• Burns, scarring or disfigurement</li> <li>• Pain, bruising or sprain</li> <li>• Muscle damage or inflammation</li> </ul>   | <p>Your notes:</p> |
| <p><b>Hand Injury.</b></p> <ul style="list-style-type: none"> <li>• Fracture or break of hand or fingers</li> <li>• Tendon, ligament or cartilage tear</li> <li>• Burns, scarring or disfigurement</li> <li>• Pain, bruising or sprain</li> <li>• Muscle damage or inflammation</li> </ul>  | <p>Your notes:</p> |

|   |                    |
|---|--------------------|
| <p><b>Pelvic / Hip Injury.</b></p> <ul style="list-style-type: none"> <li>• Fracture or break</li> <li>• Bursitis</li> <li>• Cartilage or labral tear</li> <li>• Dislocation</li> <li>• Burns, scarring or disfigurement</li> <li>• Pain, bruising or sprain</li> <li>• Muscle damage or inflammation</li> </ul>  | <p>Your notes:</p> |
| <p><b>Leg Injury.</b></p> <ul style="list-style-type: none"> <li>• Fracture or break</li> <li>• Dislocated knee</li> <li>• Tendon, ligament or cartilage tear</li> <li>• Burns, scarring or disfigurement</li> <li>• Pain, bruising or sprain</li> <li>• Muscle damage or inflammation</li> </ul>   | <p>Your notes:</p> |
| <p><b>Ankle Injury.</b></p> <ul style="list-style-type: none"> <li>• Fracture or break</li> <li>• Dislocation</li> <li>• Tendon, ligament or cartilage tear</li> <li>• Burns, scarring or disfigurement</li> <li>• Pain, bruising or sprain</li> <li>• Muscle damage or inflammation</li> </ul>   | <p>Your notes:</p> |
| <p><b>Foot Injury.</b></p> <ul style="list-style-type: none"> <li>• Fracture or break</li> <li>• Tendon, ligament or cartilage tear</li> <li>• Burns, scarring or disfigurement</li> <li>• Pain, bruising or sprain</li> <li>• Muscle damage or inflammation</li> </ul>   | <p>Your notes:</p> |
| <p><b>Internal Injuries.</b></p> <ul style="list-style-type: none"> <li>• Oesophagus injury</li> <li>• Stomach injury</li> <li>• Small intestine injury</li> <li>• Pancreas injury</li> <li>• Colon injury</li> <li>• Liver injury</li> <li>• Urinary tract injury</li> <li>• Bladder injury</li> <li>• Kidney injury</li> <li>• Urethra injury</li> <li>• Reproductive organs injury</li> <li>• Heart or arteries injury</li> <li>• Lung injury</li> </ul> | <p>Your notes:</p> |

## Your psychiatric/psychological injuries.

The following questions relate to your accident.

There are no right or wrong answers. When you complete this checklist, please indicate as accurately as possible how frequently these comments have been true for you in the past seven days. If they didn't occur during that time, please mark the 'NOT AT ALL' column.

|   | Not at all | Rarely | Sometimes | Often |
|---|------------|--------|-----------|-------|
| I thought about it when I didn't mean to.   |            |        |           |       |
| I avoided letting myself get upset when I thought about it or was reminded of it.                       |            |        |           |       |
| I tried to remove it from memory.   |            |        |           |       |
| I had trouble falling asleep or staying asleep because pictures or thoughts about it came into my mind. |            |        |           |       |
| I had waves of strong feelings about it.  |            |        |           |       |
| I had dreams about it.  |            |        |           |       |
| I stayed away from reminders about it.  |            |        |           |       |
| I felt as if it hadn't happened or it wasn't real.  |            |        |           |       |
| I tried not to talk about it.   |            |        |           |       |
| Pictures about it popped into my mind.  |            |        |           |       |
| Other things kept making me think about it.   |            |        |           |       |
| I was aware that I still had a lot of feelings about it but I didn't deal with them.                    |            |        |           |       |
| I tried not to think about it.  |            |        |           |       |
| Any reminder brought back feelings about it.  |            |        |           |       |
| My feelings were kind of numb.  |            |        |           |       |

Your answers to these questions will help your GP decide whether you should be referred to a specialist (psychiatrist or psychologist) for further treatment relating to conditions such as:

- Adjustment difficulties
- Management of pain
- Post-traumatic stress management
- Depression

## Getting Help.

If you're not confident about completing this self-assessment or you have questions about the assessment process, you can call our claim advice line and speak to a specialist CTP solicitor on 1800 888 259. It's a free service.