

State of
California

Qualified or Agreed Medical Evaluator's Findings Summary

Patient

1. Patient Name (First, Middle, Last)

2. Social Sec No.:

Date of Injury:

Thomas Beard

558-76-6159

4. Address

City

Zip

5. Telephone

2937 Toyon Drive Stockton Ca 95203

Employer

6. Name:

San Joaquin Mosquito

7. Address

City

Zip

8. Telephone

Exam

9. Date of Appointment Call

10. Date of Initial Exam

11. Date of Referral for Medical Testing/Consultation

Referral

8-24-00

11-1-00

Schedule

12. Date QME's Medical-Legal Report Served on all Parties:

Disputed

Medical

Issues

And

Conclusion

13. The following medical issues will be used to determine the patient's eligibility for workers' compensation. Check the appropriate box and reference the corresponding page(s) or section of the med-legal report for details.

a. Did work cause or contribute to the injury or illness?

Report page(s)
or section

Yes

No

Pending or
not sent

☒

☒

☐

b. Are there pre-existing or other impairments/disabilities that contribute to permanent disability?

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☐

c. Is there a need for current or future medical care?

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d. Is the medical condition stable and not likely to improve with active medical or surgical treatment(i.e., is the condition permanent and stationary)?

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☐

e. Is there permanent impairment?

☒

☐

☐

f. Can this patient now return to their usual job?

☒ Yes ☐ No

If yes:

i. Without restrictions

☒ Yes

☐ No

If YES, Date: _____

ii. With restrictions

☒ Yes

☐ No

If YES, Date: _____

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

Basis for
Conclusions

Check box and refer to page(s) or section in report.

Report page(s)
or section

Yes

No

Pending or
not sent

14. Are there subjective complaints?

☒

☐

☐

15. Are there any abnormal physical examination findings?

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☐

☐

16. Are there any relevant diagnostic test results?
(x-ray/laboratory)

☒

☐

☐

17. What are the diagnoses? (List)

Page 11

18. Were other physician consulted?

☐

☒

QME

19. Signature

David M. Broderick

Date

DEC 05 2000

20. Name: David M. Broderick M.D.

Specialty: Orthopedics
Sacramento, CA

95827

Cal #: C42099

21. Address: 9856 Business Park Drive, Suite E

(916)362-5112

8011009/L661

RECEIVED

APR 23 2001

DIVISION OF
WORKERS' COMPENSATION
STOCKTON OFFICE