



QUICK SHEET GEICO

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Date of Appointment: 5/1/2017
Doctor: Brian Wolin, D.C.
Exam: Chiropractor
Examiner: Darren Deschryver

Claimant: Anna G Connolly
Date of Accident: 4/10/2016
Claim #: 0293277380101063
ISG-ID: 343058

Circle Diagnosis:

SPRAIN / STRAIN CONTUSION, FX:

SHOUDLER R L

ELBOW R L

WRIST R L

HAND R L

HIP R L

KNEE R L

SPRAIN / STRAIN FX: CERVICAL SPINE LUMBAR SPINE THORACIC SPINE OTHER: _____

IS THE CLAIMANT OUT OF WORK DUE TO THIS ACCIDENT? Y N
IF SO, IS THE CLAIMANT ABLE TO RETURN TO WORK? Y N

HOUSEHOLD HELP? Y N TRANSPORTATION? Y N

DIAGNOSTIC TESTING? Y N SURGERY? Y N

MEDICAL SUPPLIES? Y N DETAILS, IF YES: _____

REEVALUATION? Y N IF YES, WHEN? IN ____ WEEKS

FURTHER TREATMENT? Y N NEED FOR INJECTION? Y N

FOLLOW UP IN YOUR SPECIALTY? Y N PHYSICAL THERAPY? Y N

MASSAGE THERAPY? Y N ACUPUNCTURE? Y N

FOLLOW UP IN YOUR SPECIALTY? Y N IF YES, VISITS PER WK? 1 2 3 4 5
#Wks. 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25

PHYS THERAPY? Y N IF YES, VISITS PER WEEK 1 2 3 4 5
#Wks. 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25

MASSAGE THERAPY Y N IF YES, VISITS PER WEEK 1 2 3 4 5
#Wks. 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25

ACUPUNCTURE? Y N IF YES, VISITS PER WEEK 1 2 3 4 5
#Wks. 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25

CHIROPRACTIC (FILL OUT FOR DUAL SPECIALTY)? Y N IF YES, VISITS PER WEEK 1 2 3 4 5
#Wks. 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25

DOCTOR, please sign: _____

INCLUDE ALL OF THE ABOVE IN YOUR REPORTS' COMMENTS SECTION. PLEASE ANSWER ALL QUESTIONS FULLY AND ACCURATELY. THE INSURER'S DECISION ON THE STATUS OF FUTURE BENEFITS WILL BE BASED ON THIS FORM.

PLEASE RETURN WITHIN 24 HOURS