

PERSONAL INJURY DIARY

This injury diary is designed to help you keep a record of how your injury/illness has affected your daily life. Please use this diary to keep a record of how your symptoms develop and how you recover from your injuries. Please note any medication you are taking each day and the quantity. Please use the diary to keep a record of any treatment you receive or doctors you see and any expenses you incur as a result of your accident/injury.

In a few months time

We will arrange for you to see an independent doctor, who will prepare a report regarding the extent of your injury, your recovery and any on-going or long term symptoms. This diary will be a valuable reference.

Please use appropriate section to record:

- **Treatments, hospital admissions and sickness certificates -**
- **ExpensesMileage** - travel in your own car; reason; cost
- **Diary**
- **Loss of earnings**

Please continue your diary until you are fully recovered or until you have seen our medical expert. **Please take your diary with you to your appointment with the medical expert.**

Name:

Address:

Date of accident:

Time of accident:

Place of accident:

Treatments/Hospital admissions/Sickness certificates

Please record all treatment received , time and place, name of consultant seen, any medication given and sickness certificates received

<i>Example</i> Date: 03/12	<i>1 hour session with physiotherapist; Sam Daniels, Kings Road, London. £40 – paid in full by myself (receipt kept). Scheduled another appointment for next month 05/01. Provided medical certificate confirming sick leave for further 2 weeks.</i>
Date:	
Date:	
Date:	
Date:	
Date:	

Please photocopy or print additional pages as needed

Diary

Please record how your injuries are effecting your day to day life. How your symptoms are developing, how well you are recovering, the effect your injuries are having on your daily activities and social pursuits
Please keep a record of any medication you are taking in a daily basis

Day of injury Date:	
Day 1 Date:	
Day 2 Date:	
Day 3 Date:	
Day 4 Date:	
Day 5 Date:	
Day 6 Date:	
Day 7 Date:	

Please photocopy or print additional pages as needed

Description of expense
Please record all out of pocket
expenses you have incurred as a
result of your accident

Receipt?
Yes/No

Date:		
Date:		
Date:		
Date:		
Date:		
Date:		
Date:		
Date:		
Date:		
Date:		

Please photocopy or print additional pages as needed

Loss of earnings

Please record any time off when not receiving full pay

Date	Hours unable to work! Amount lost: £
Date	Hours unable to work! Amount lost: £
Date	Hours unable to work! Amount lost: £
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