

## Personal injury diary

This personal injury diary is designed to help you keep a record of how your injury/illness has affected your day to day life.

In the next few months your solicitor will arrange for you to see a doctor for the purposes of providing a medical report to support your claim. This diary will act as an important resource when compiling your medical report. The report is used to detail the extent of your injury, your recovery and ongoing or long-term symptoms.

Please use the appropriate section to record:

- **Treatment received and sickness certificates obtained**
- **Out of pocket expenses – medical bills, petrol costs etc**
- **A day to day diary of your injuries, recovery, medication and treatment**
- **Time off work and loss of earnings**

Please continue your diary until you are fully recovered or until you have attended your medical appointment.

<b>Name:</b>
<b>Address:</b>
<b>Date of birth:</b>
<b>Date of accident:</b>
<b>Type of accident:</b>
<b>Time of accident:</b>
<b>Place of accident:</b>

## Treatment received and sickness certificates obtained

<p><b>Please use this page to record:</b></p> <ul style="list-style-type: none"> <li>• <b>Any treatment received</b></li> <li>• <b>Time and place of treatment</b></li> <li>• <b>Name of consultant, physiotherapist etc</b></li> <li>• <b>Any medication prescribed</b></li> <li>• <b>Sickness certificates</b></li> </ul>	
<p><i>Example</i> Date: 06/10</p>	<p><i>45 minute consultation with Dr Phillips, St Johns Road, Bristol Prescribed painkillers for neck ache – 2 week prescription - £6.85 Provided sickness certificate to confirm unable to work for a fortnight New appointment booked for 8 days time – 14/10</i></p>
Date:	
Date:	
Date:	
Date:	
Date:	

Please print off or photocopy as needed

## Personal injury diary

This section should be used to record:

- How your injuries are affecting your day to day life
- How your symptoms are developing
- How well you are recovering

<b>Day of injury</b> Date:	
<b>Day 2</b> Date:	
<b>Day 3</b> Date:	
<b>Day 4</b> Date:	
<b>Day 5</b> Date:	
<b>Day 6</b> Date:	
<b>Day 7</b> Date:	

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## Out of pocket expenses

	<b>Please note all out of pocket expenses which are a result of your accident</b>	<b>Receipt for expense?</b>
Date:		Yes/No
Date:		Yes/No
Date:		Yes/No
Date:		Yes/No
Date:		Yes/No
Date:		Yes/No
Date:		Yes/No
Date:		Yes/No
Date:		Yes/No
Date:		Yes/No

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## Time off work and loss of earnings

<p><b>If you have had to take time off work because of your injury, please record the number of hours/days off work and the amount of pay lost.</b></p>	
Date:	<p>Number of hours off work:</p> <p>Loss of pay: £ (gross amount before tax and NI deductions)</p>
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