

DVD INSTRUCTION FORM

From restricted movement to 'Day in the Life'

Can be used to provide evidence of;

- the unsuitability of the current home environment
- the level of care required
- Expert Witness meetings and/or interviews



photofile

SEEING IS BELIEVING

Where did you hear about Photofile?

Previously Instructed APIL Conference AvMA Conference MASS Conference Internet Mail Campaign Word of Mouth

Other (please specify)

Instructing Party

Name:

Address:
Please provide DX address if applicable

Please Tick

Date:

Reference:

Telephone:

Facsimile:

Email Address:

Other point of contact:

Claimant Details

Name:

Address:

Date of Birth:

Date of Accident:

Home Telephone:

Work Telephone:

Mobile Number:

How many edited DVDs do you require?

How long approximately does the edited DVD need to be?

Would you like the DVD to be captioned and to what extent?

Would you like the DVD to be chaptered?

Do you require an unedited version of the DVD?
If yes, how many copies do you require?

What is the purpose of the DVD? For insurers, court etc.

Do you require an audio version and /or a non-audio version
and to what extent do you require verbal explanations?
e.g. by claimant / carers

Will the DVD be used on a PC, DVD player or both?

Litigation Friend Details

Name:

Address:

Postcode:

Date of Birth:

Home Telephone:

Work Telephone:

Mobile Number*:

Email Address:

Association with client?

Additional Information

1. Name/nature of disability / condition or injury – What are the symptoms / effects and how was it brought about ie. at birth or as an accident?

2. Does it have any effect on brain function e.g. memory, awareness of surroundings, ability to communicate, interaction with others and to what extent?

3. List daily tasks which are affected e.g. getting dressed, bathing, shopping etc.

4. What level of care is required as a result of the injury / condition and how is it provided ie. by family member/s or professional carers/nurses and are they happy to be filmed if required? What about night-time care?

5. Has the claimant had to move home as a result of the injury / condition? What, if any adaptations have had to be made to the accommodation? Do you want the exterior of the home filmed; the garden and any other relevant equipment e.g. emergency generator?

6. Is access to any part of the accommodation restricted or needed to be changed?

7. How is access beyond the home environment facilitated e.g. mobility scooter etc. What arrangements are there regarding transportation of the claimant and can they drive themselves i.e. specially adapted vehicle, bus etc?

8. Do any other relevant activities take place outside the home e.g. specialist school, Riding for the Disabled and do we need permission to film there?

9. Does the claimant receive any relevant therapies e.g. Physio, Occupational? Do these require explanation from the therapist?

10. What medication is administered and how often and by whom?

11. Is there a deadline by which you need the DVD?

12. Is there a point of contact other than the claimant i.e. family member / carer? Are you happy for the videographer to liaise directly with the claimant / family regarding filming / dates?

13. Are there any special arrangements regarding access to the claimant's property e.g. keysafe?

Would you like to receive information in relation to any of the below products, in relation to this claim?

Scarring Reports Locus-in-Motion 'Classic' Locus-in-Motion '2nd Generation' DAQs Medical Reporting Locus Reports

Rehabilitation Pagination Triage Digital Evidence for CICA Claims

Photofile will compile a list of activities / locations to be filmed based on your requirements for your approval before issuing instructions to the videographer.

SUBMIT

Please print and fax to 01285 658 108

Photofile Medical Ltd, Globe house, Love Lane, Cirencester, Gloucestershire GL7 1YG Tel: 01285 658 111

