

In the Iowa District Court for \_\_\_\_\_ County

**Plaintiff**

*Full name of Plaintiff: first, middle, last*

vs.

**Defendant**

*Full name of Defendant: first, middle, last*

Civil case no. \_\_\_\_\_

**Health Care Provider Statement in  
Lieu of Testimony  
(and Attorney Certificate)**

Patient Name: \_\_\_\_\_

Type of Incident: \_\_\_\_\_

Date of Incident: \_\_\_\_\_

Answer the following questions with information and opinions regarding the named patient.

Check this box if you are attaching separate pages for any of your answers to the questions below. Be sure that the question to which your answer relates appears at the top of each additional page. *Number of additional pages:* \_\_\_\_\_

1. What degrees, licenses, and board certifications do you hold, if any, and what year was each attained? Alternatively, you may attach your curriculum vitae.

\_\_\_\_\_  
\_\_\_\_\_

2. What injuries, if any, did \_\_\_\_\_ sustain in the above-referenced incident?  
*Patient*

\_\_\_\_\_  
\_\_\_\_\_

3. Did \_\_\_\_\_ have any pre-existing, symptomatic conditions that were  
*Patient* aggravated by the injuries sustained in the incident? If so, describe the pre-existing conditions and the extent of their aggravation.

\_\_\_\_\_  
\_\_\_\_\_

4. Did \_\_\_\_\_ have any pre-existing, nondisabling, nonsymptomatic conditions  
*Patient* that became symptomatic as a result of the incident? If so, describe.

\_\_\_\_\_  
\_\_\_\_\_

5. What treatment has \_\_\_\_\_ received from you that was necessitated by the  
*Patient*  
injuries sustained in the incident? Include treatment provided by other care providers to the extent you are aware of such. Include medications prescribed, therapy recommended, surgery recommended and any other treatments needed as a result of this condition.

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6. Have there been or are there any restrictions or limitations placed on \_\_\_\_\_  
*Patient*  
due to injuries sustained in the incident? If so, describe them, including the actual or expected duration of the restrictions or limitations.

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7. Has \_\_\_\_\_ made a full recovery from the injuries sustained in the  
*Patient*  
incident? If not, what are your expectations for \_\_\_\_\_ regarding future  
*Patient*  
symptoms and the duration of such symptoms?

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8. Is there any additional care or medications that may reasonably be required in the future as a result of the injuries sustained in the incident? If so, describe the expected care, including the expected frequency, duration, and cost.

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9. Is \_\_\_\_\_ now susceptible to further health problems in the future as a  
*Patient*  
result of injuries sustained in the incident? If so, explain.

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10. Is there anything \_\_\_\_\_ has done or failed to do that has aggravated  
*Patient*  
his or her condition or impaired his or her recovery? If so, explain.

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11. Have you reviewed or relied upon any medical records other than those generated by you or other providers in your office in forming your opinions to the answers to the questions above? If so, identify or attach the records that you have reviewed and relied upon in forming your answers.

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12. Have you relied upon any other documents or information about \_\_\_\_\_ or  
*Patient*  
the incident, other than the records indicated above? If so, state what documents or  
information you relied upon, and the manner by which you received it.

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**Oath and Signature**

I, \_\_\_\_\_, certify under penalty of perjury and pursuant to the  
*Health care provider's name*  
laws of the State of Iowa that the preceding is true and correct.

\_\_\_\_\_, 20\_\_\_\_\_  
*Signed on: Month Day Year Health care provider's signature*

*Attorney Certificate on next page*

### Attorney Certificate

List any oral, written, or electronic communications between you or anyone in your office and the above-named treating health care provider or anyone in the provider's office regarding

\_\_\_\_\_.  
*Patient*

For each such communication, identify the date of the communication and, if the communication was written or electronic, attach copies of such communications:

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### Oath and Signature

I, \_\_\_\_\_, certify under penalty of perjury and pursuant to the  
*Print attorney's name*

laws of the State of Iowa that the preceding is true and correct.

\_\_\_\_\_, 20\_\_\_\_\_  
*Month Day Year*

\_\_\_\_\_  
*Handwritten signature*

Information supplied by:

\_\_\_\_\_  
*Full name: first, middle, last*

\_\_\_\_\_  
*Law firm, if applicable*

\_\_\_\_\_  
*Mailing address*

\_\_\_\_\_  
*Telephone number*

\_\_\_\_\_  
*Email address*

\_\_\_\_\_  
*Additional email address - if available*