

Section C: Medical history

Date of commencement of condition

Subsequent consultations regarding this condition

Date		Reason for consultation	Diagnosis	Treatment	Result
From	To				

Section D: Patient's condition

Describe fully the patient's present condition with specific detail to the loss of limbs, eye sight, mental ability, mobility etc.

Is the condition totally and permanently incapacitating? Yes No

If YES, please describe in detail to what extent the patient is incapacitated

If NO, what is the likelihood of either partial or complete recovery? High Medium Low

What is the probation duration of the disability? _____

Is there potential for rehabilitation? Give details _____

Section E: Doctor's declaration

I certify that I have personally attended to the patient and the above statements are correct to the best of my knowledge.

Sign at this day of 20

Signature of medical attendant _____

Date

Initials

Surname

Tel No.

(W) Fax No.

Cellphone No.

Postal Address

 Code

Qualification

 Practice No.

Comments
