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**Section 5: Medical references**

Please give the details of any other practitioners, specialists or hospitals that the member has been referred to. Please include copies of all available specialist reports.

Name of practitioner / hospital			
Speciality			
Postal address			
Complaints referred for			

**Section 6: Medical history**

Please give a full history, including the following:

Symptoms current						
Date and diagnosis	D D	-	M M	-	Y Y Y Y	
	D D	-	M M	-	Y Y Y Y	
	D D	-	M M	-	Y Y Y Y	
	D D	-	M M	-	Y Y Y Y	
Clinical details indicating severity and permanence						
Relevant test results (eg lung function readings, X-ray or scan results)						
Please attach copies						
Treatment and response						
Rehabilitation						
Comments on compliance						
Extra: Psychiatric conditions only						

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**Section 6: Medical history (continued)**

Current major complaint/s as per claimant


**Section 7: Results of the most recent medical examination**

Date of examination

D	D	-	M	M	-	Y	Y	Y	Y
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Please give full clinical details of the examination, including height, weight and blood pressure readings. Please include details of any limitations evident at the examination (eg joint limitations, visual acuities and mental state).

Dominance (R / L)

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Height (cm)

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Weight (kg)

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Blood pressure

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Visual acuity

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Limitations evident at the examination


**Section 8: Prognosis**

What are the chances of recovery?

Good			Fair			Nil		
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Are any residual problems likely?

Please specify


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## Section 9: Function abilities

Please comment on the member's ability to carry out the specified activities in the table below.

Activity	Current limitations				Expected future ability		
	No limitations	Partial limitations	Impossible	Danger to self or others	Improve	Remain constant	Deteriorate
Seated / Sedentary tasks							
Clerical / Administrative tasks							
Thinking clearly and making decisions							
Interacting with others							
Supervising others							
Walking (non-strenuous) on level terrain							
Walking (strenuous) on uneven terrain							
Climbing							
Kneeling							
Standing							
Bending							
Operating light machinery							
Operating heavy machinery							
Working with heavy weights							
Working with light weights							
Driving a light motor vehicle							
Driving a heavy motor vehicle							
Light manual labour							

Activity	Current limitations				Expected future ability		
	No limitations	Partial limitations	Impossible	Danger to self or others	Improve	Remain constant	Deteriorate
Heavy manual labour							
Use of both hands							
Use of fine coordination							
Work in cramped conditions							
Work in a dusty environment							
Work in a fume environment							

General comments which may clarify the responses in the table. If improvement is expected, please indicate the time-frame (period) within which that improvement is anticipated.


Please attach copies of any correspondence received from any practitioners, specialists or hospitals in respect of the member and clinical investigations.

## Section 10: Declaration

I hereby declare that I have personally examined and attended to the member and that the contents of this report are true and correct.

<b>Medical practitioner's signature</b>		<b>Date</b>	<input type="text" value="D"/>	<input type="text" value="D"/>	<input type="text" value="-"/>	<input type="text" value="M"/>	<input type="text" value="M"/>	<input type="text" value="-"/>	<input type="text" value="2"/>	<input type="text" value="0"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>
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