

5. Did the condition have: An acute onset? Slowly progressive onset?
6. Provide date of **initial consultation** with yourself and brief details of the **chronological history** of the condition or sequence of events, prior to the initial consultation.

7. Provide details of presenting symptoms of the disease/condition that significantly prevented your patient from performing their usual professional duties and required optimal medical treatment or supervision such as medication, hospitalisation, surgery and rehabilitation.

- 7.1. Please provide details of the referring doctor:

8. Which **side of the body** is affected? Left: Right: Both: Not applicable:

9. If affected, is it a dominant limb? YES NO

10. Is this claim due to an **injury/traumatic event**? YES NO

If YES, please supply the date of injury/trauma.

Please provide details in this regard (motorcycle accident, rugby injury, hijacking incident, etc.).

PART D: PARTICULARS OF SURGERY, RESPONSE TO TREATMENT AND ANTICIPATED FURTHER TREATMENT

11. Was any **surgery/procedure** performed? YES NO

Date of initial surgery/procedure:

Date of second surgery/procedure:

Describe nature of surgery: e.g., open surgery, laparoscopic.

Provide details of **complication(s)** following surgery which prolonged the illness beyond what can be reasonably expected for a condition of this nature:

- Is additional surgery/procedure(s) anticipated? YES NO

If YES, provide details (i.e. dates, nature of surgery).

12. Details of treatment administered for current sickness claim event including medication, physiotherapy and psychotherapy.

Name of medication/therapy	Dose and frequency of treatment	Date commenced	Date completed

13. Describe your patient's compliance to treatment. If not compliant to treatment, provide comprehensive details when treatment was stopped and/or alternative treatment provided.

14. Provide **details of complications** in addition to the above which prolonged this incapacity beyond what can be reasonably expected for a condition of this nature?

15. Please provide **details of co-morbidities** and indicate how it influenced your patient's recovery, where applicable.

PART E: GENERAL

16. Is it possible that this diagnosis might result in any form of **permanent incapacity**? YES NO

In the event the diagnosis results in a permanent capacity, describe interventions taken to prevent this:

16.1. Do you expect a further claim for the condition?

17. Are you related to this patient? YES NO

If YES, describe the nature of your relationship with the patient:

