



**GUIDELINES**

- To assess and manage occupational disability claims, Old Mutual needs updated medical information from the claimant's health care provider(s).
- Please complete the questionnaire by hand, writing as legibly as possible, or compile a typed report that includes all the aspects covered in this questionnaire.
- Please attach copies of test results that confirm the diagnosis.
- The claimant is responsible for the cost of this examination and report.

**CLAIMANT DETAILS**

Surname

First name(s)

Date of birth 

D	D	M	M	Y	Y	Y	Y
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Scheme name

Scheme code

**MEDICAL HISTORY**

Please provide a brief history.

Describe your current clinical findings.

Please describe the results of any investigations done, including dates.

Diagnosis, with staging if relevant.

**TREATMENT**

Please describe the treatment of the claimant.

Medication used, including dosages, duration and effectiveness

Admissions to hospital: when, purpose and duration

Other health professionals on the team, e.g. physiotherapy

Is the claimant compliant with treatment? If not, why not?

Is this treatment optimal? If not, what are the obstacles?

What future health management is planned or considered ideal?

What is the prognosis?

When can the claimant return to work?

D	D	M	M	Y	Y	Y	Y
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**ADDITIONAL INFORMATION**

**REPORTING DOCTOR**

Initials and surname

Speciality

Practice number

Telephone code  numbers

Date 

D	D	M	M	Y	Y	Y	Y
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Signature