## SECTION II – To be completed by the Attending Doctor (IN BLOCK LETTERS) MRN No: PA Policy No. \_\_\_\_\_ NB: To be completed by attending doctor at patient's own expense. If space provided is insufficient, please attached separate sheet.

	MEDICAL	REPORT
Name:		I/C No:
Patient Ref. No.		ge: Occupation:
Date of Accident:	Time of Accide	
1. Name of Referral Doctor:		Address of Referral Doctor:
Date of Referral:		
2.(a) Describe in detail the nature of accident as		2.(b) Describe in detail nature of illness/injury.
related to you by the patient.		
		Is condition due to pregnancy? Yes No
3. (a) Were there any external and visib	ole injuries	, <u>, , , , , , , , , , , , , , , , , , </u>
seen as a result of this accident?		3. (a) Yes No
(b) If yes, describe the extent of injuries including		(b)
site and other characteristic features	as seen by you.	
4. Are the patient's symptoms:		4.
(a) Due solely to this accident or		(a)
(b) Traceable to disease infirmity or any other cause?		(b)
5. Is the patient now or was he at the time	me of the	5.
accident suffering from any illness, d		
infirmity? If so, state the nature and		
his recovery has been or may be retar		of stitches physiotherapy type of dressing etc.)
6. Treatments given including follow-up (such as number of stitches, physiotherapy, type of dressing, etc.).  Date(s) Time (am/pm) Treatments		
	* *	
Stitches were removed on:		
Stitches were removed on:	who treated patie	ent for the same injury:
Name Addre		
<u>Iname</u>	Addres	<u>Approximate dates</u>
<u>ivanie</u>	Addres	<u>Approximate dates</u>
<u>Name</u>	Addres	Approximate dates
		Approximate dates
8. Did the injuries require any of the fo	ollowing:	
8. Did the injuries require any of the fo	ollowing:	: Date discharged:
8. Did the injuries require any of the formal a) Hospitalisation Yes N b) Surgery Yes N	ollowing:  To. Date admitted:  Type of surger	: Date discharged:
8. Did the injuries require any of the formal transport of the formal transpor	ollowing:  fo. Date admitted:  o. Type of surger  o. Please enclose	: Date discharged: ry performed: e a copy of the X-ray report.
8. Did the injuries require any of the form a) Hospitalisation Yes N b) Surgery Yes N c) X-ray Yes North d) Special diagnostic procedure or to	ollowing:  fo. Date admitted:  fo. Type of surger  fo. Please enclose  reatment Yes	Date discharged:
8. Did the injuries require any of the form a) Hospitalisation Yes N b) Surgery Yes N c) X-ray Yes North d) Special diagnostic procedure or to the e) Was there any limitation of move	ollowing:  fo. Date admitted:  fo. Type of surger  fo. Please enclose  freatment Yes  freatment on any joint	Date discharged:
8. Did the injuries require any of the form a) Hospitalisation Yes N b) Surgery Yes N c) X-ray Yes Norm d) Special diagnostic procedure or the order of the company of the last day of treatment, if yes	ollowing:  fo. Date admitted:  fo. Type of surger  fo. Please enclose  freatment Yes  freatment on any joint  for please give detai	: Date discharged: ry performed: re a copy of the X-ray report.  No. Type of procedure/treatment: Yes No relist.
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