

To be completed by the attending Physician / surgeon only

ATTENDING PHYSICIAN'S RESULT

1. (a) Diagnosis of condition(s) (detailed report) _____

(b) If confinement in hospital was required, state diagnosis of condition in respect of which hospitalization was required.

(c) Are any of the conditions treated due to:

i) Sickness or injury arising out of the patient's employment? If "Yes" please explain _____

ii) Pregnancy? If "Yes" state approximate date of commencement of pregnancy _____

2. (a) When did accident happen or symptoms first appear? _____

(b) When did patient first consult you for this condition? _____

(c) To the best of your knowledge, has patient ever had the same or similar conditions or symptoms relating thereto?

3. (a) Name and nature of surgical or obstetrical procedure (if any). Describe fully. _____

(b) Charge made to patient for (a) above INCLUDING POST OPERATIVE CARE. _____

(c) State dates of surgical or obstetrical procedures _____

(d) State dates of

i) Out- patient Consultations _____ Number of consultations _____

ii) In-patient Visits to bedside _____ Number of visits _____

(e) If service were rendered in a hospital state name and address of hospital _____

4. Were private nurse services necessary? If "Yes", state for how many days. _____

5. Medical History / Discharge Summary Report

6. To your knowledge does patient have any other health insurance or source of indemnity for his medical costs? If "Yes" please identify. _____

 Date

 Signature of Attending Physician

 Address of Attending Physician