

# Medical report form for lump sum claims

This form is to be completed by the treating doctor/specialist.  
Costs incurred for the completion of this form are the patient's responsibility.



## 1.0 INSURED PERSON'S DETAILS

1.1 Policy number

1.2 Patient name

1.3 Date of birth

## 2.0 MEDICAL DETAILS

2.1 Primary diagnosis/problem

  

2.2 Date of symptom onset

2.3 Date you first examined the patient for this illness

2.4 Date of diagnosis

2.5 Symptoms

  
  

OR if no symptoms and the condition was identified by way of a routine screening, please confirm:

Date of screening

Screening procedure

2.6 What date was the patient advised of their diagnosis?

2.7 Is this the first episode of this or a similar condition?

Yes / No

If **no**, please advise date(s) of previous episode(s) and treatment:

  

2.8 What is the current treatment plan?

  

2.9 If surgery is planned, please confirm the date and procedure:

Procedure

Date



### 3.0 CONTACT

3.1 Would you like us to contact you in relation to this patient?

Yes / No

Telephone

Best time to call

### 4.0 PLEASE ENCLOSE

*Please enclose copies of all consults, specialist reports, investigations, tests and referrals in relation to this condition.*

### DECLARATION

***I confirm that I have examined this patient and that the information provided is complete and accurate.***

Doctor name:

Signature:

Date:

PRACTICE STAMP:

