

4. MEDICAL HISTORY (CONTINUED):

Date(s) and reason(s) for consultation over the past 6 months:

Date	Reason

What are the co-morbid and underlying conditions?

When did the first symptoms appear?

What is the Claimant's diagnosis?

Has the Claimant ever been treated for a similar condition, or any other medical condition that may have contributed to this impairment? If yes, please supply details:

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Do you have the results and reports of special investigations for example histology reports, CD4 count results, blood test results, x-ray reports, ECG, EEG, MRI scan reports etc?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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If yes, please include copies of all these as well as copies of any other reports on file relating to this impairment. Please provide names, dates and contact details of other Medical Examiners the Claimant has been referred to for this and any other condition:

Nature and duration of symptoms	Date	Details of attending Medical Examiner or hospital	Date of last symptoms

What are the complications that the Claimant suffered?

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4. MEDICAL HISTORY (CONTINUED):

Have any of the following contributed to the Claimant's condition?

Abuse of ethanol, alcohol or drugs	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Attempted suicide	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
War, riot, terrorism	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Participation in hazardous sports or leisure pursuits	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

If yes to any of the above, please provide the details:

Has the Claimant ever been tested for or received medical counselling, advice or treatment in connection with any sexually transmitted diseases, including Hepatitis B or AIDS/HIV related conditions? If yes, please supply details:

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Please elaborate on any family history which may have lead to the Claimant's condition

5. CURRENT MEDICAL STATUS:

Current major complaints:

Please give full clinical and objective evidence, for example general appearance; height; weight; blood pressure; heart sounds, in relation to current health, symptoms and impairments:

ASSESSMENT OF FUNCTIONAL ABILITIES

Please comment on the Claimant's functional limitations or abilities to carry out the following activities.

Activity	Current limitations				Expected future ability		
	No limitations	Partial limitations	Impossible	Danger to self and others	Improve	Remain constant	Deteriorate
Seated/sedentary tasks							
Clerical/administrative tasks							
Management and making decisions							
Interacting with others							
Supervising others							
Walking on level terrain							
Walking on uneven terrain							

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5. CURRENT MEDICAL STATUS (CONTINUED):

ASSESSMENT OF FUNCTIONAL ABILITIES (CONTINUED)

Please comment on the Claimant's functional limitations or abilities to carry out the following activities.

Activity	Current limitations				Expected future ability		
	No limitations	Partial limitations	Impossible	Danger to self and others	Improve	Remain constant	Deteriorate
Climbing							
Kneeling							
Bending							
Standing							
Lifting							
Pushing and pulling							
Operating light machinery							
Operating heavy machinery							
Working with heavy weights							
Working with light weights							
Driving							
Use of fine co-ordination							
Use of both hands							
Work in cramped conditions							
Work in dusty environments							
Work in a fume environment							

What is the current treatment regime? Please specify all medications and the dosage:

Is the current treatment and medication adequate for the Claimant's condition?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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What is the success rate or effectiveness of the Claimant's current treatment?

Specify other treatment or rehabilitation that the Claimant has received or is currently receiving e.g. physiotherapy, occupational therapy, psychotherapy etc:

Is there any other treatment which the Claimant could benefit from, but can not afford or does not have access to?

Planned future treatment or operations:

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