

CORPORATE SERVICES NETWORK

PROGRESS DOCTORS STATEMENT

Your Claim Number

Claim Handler Name

Title

Given Name(s)

Gender

 M F

Family Name

Date of Birth

IMPORTANT INFORMATION

Please answer all questions fully to ensure the Patient's claim is assessed as quickly as possible. The Medical Practitioner is respectfully requested to give as much detail as possible in order to assist the patient and avoid the necessity of additional enquiries.

Please ensure your writing is clear and legible.

If you have any questions regarding the completion of this form or would like to discuss the patient's claim, please contact us on (02) 8256 1770.

What is the current diagnosis preventing your patient from returning to work in their usual occupation?

What are the symptoms preventing the patient from working in their usual occupation?

What duties is the patient currently able to perform in their usual occupation?

What improvements have there been to the patient's condition since the last consultation?

Please provide the percentage of disablement preventing the patient from returning to their usual occupation.

CORPORATE SERVICES NETWORK

What is the current and future treatment required and recommended for the patient's current disabling condition?

Would the patient benefit from a rehabilitation program? If yes, please outline the extent of program required.

Has the patient been recommended for surgery? If so, please provide procedure and date of operation.

What is the Prognosis of the patient's current disabling condition?

Are there any other factors or conditions preventing or delaying the patient's recovery from their current disabling condition?

Is the patient still disabled?

No - when did the patient return to work?

Yes - how long will the patient be:

- totally disabled (unable to perform any part of their occupation)

from to

- partially disabled (able to perform part of their occupation)

from to

Signature of medical practitioner:

Date:

Name + Qualifications (print):

Address:

Telephone: