OLDMUTUAL

GROUP ASSURANCE
MEDICAL QUESTIONNAIRE

GUIDELINES

- To assess and manage occupational disability claims, Old Mutual needs updated medical information from the claimant's health care provider(s).
- Please complete the questionnaire by hand, writing as legibly as possible, or compile a typed report that includes all the aspects covered in this questionnaire.
- Please attach copies of test results that confirm the diagnosis.
- The claimant is responsible for the cost of this examination and report.

CLAIMANT DETAILS

Surname			
First name(s)			
Date of birth	D D M M Y Y Y Y	Identity number	
Scheme name			
Scheme code			

MEDICAL HISTORY

Please provide a brief medical history.

Describe your current clinical findings.

Please describe the results of any investigations done, including dates.

Diagnosis, with staging if relevant.

Old Mutual Life Insurance Company (Botswana) (Pty) Ltd. Reg No: CO2014/13843

TREATMENT

Please describe the treatment of the claimant.

Medication used, including dosages, duration and effectiveness.

Admissions to hospital: when, purpose and duration.

Other health professionals on the team, e.g. physiotherapist.

Is the claimant compliant with treatment? If not, why not?

Is this treatment optimal? If not, what are the obstacles?

What future health management is planned or considered ideal?

What is the prognosis?

When can the claimant return to work? D D M M Y Y Y Y

ADDITIONAL INFORMATION

REPORTING DOCTOR

Name and surname				
Speciality				
Practice number				
Name of clinic/ hospital				
Telephone	Code		Number	
Fax	Code		Number	
Cellphone number				
Email address				
Signature of doctor				
Date	D D M M Y Y Y Y			

Thank you for your assistance.
We may need to contact you telephonically to discuss this specific case.

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