



Physician's Statement - Disability Claim

Please use reverse side for answers requiring additional information and identify your answers with corresponding item numbers.

C L A	1.	1. Name			16.	16. Is any surgical operation anticipated or has one been performed? If so,				
	2. Address			-		What .	/hat			
						When				
М	3.	Occupation	4. Age			Where				
A N										
Т	5.	Height	6. Weight		17.	17. What is/are your final and complete diagnosis? (etiologic, anatomic, physiologic, functional)a)				
	7.	Are you his regular physic	ian?	-						
		☐ Yes ☐ No How long have you known him?				c)d)				
	8.									
	yearsmonths days					e)				
	9.	When did you first attend to him for his present illness/injury?			18.	18. What are the current abnormal findings? a) physical b) mental/neurologic:				
	10	Have you previously attended to him? If so		-						
	10.	. Have you previously attended to him? If so, When For what?				State of consciousness Appearance and general helphylier.				
M E D I C A L H I S T O R Y	11.	When FOI what:		-		Appearance and general behavior Orientation as to time place and person				
						Orientation as to time, place and person Recent and remote memory recall				
		Has he been treated by any other physician? If so, give their names and addresses.		D			5. Impairment if any of language			
				l S		0.	6. Motor function - involuntary Movements, gait disturbance,			
				Α						
	.			В		7	paresis/plegia if any			
	-			Ĺ						
	12.	Previous hospital admission/s and treatment/s		⊢ I T	19.	8. Others 19. Can the patient				
				Y		Yes No				
	13.	What were the earliest ind	ication of illness noted by the inured	?				a)	wash, bathe, and/or shower (including getting into and out of the bath or shower) such that an adequate level or personal hygiene can be maintained?	
	14.	What were your objective findings and assessment? Work-up done and results, if any.						b)	put on and take off, secure and unfasten all necessary garments and any braces, artificial limb or other surgical appliances?	
	-							c)	move from a bed to an upright chair or wheelchair and vice versa or get on and off a toilet or commode?	
	15.							d)	move from one room to another on a level surface, in the patients normal place of residence?	
	-							e)	manage bowel and bladder functions such that an adequate level of personal hygiene can be maintained?	
	-							f)	feed himself once food and drink have been prepared and made available?	
	-			P R O G	20	20. What is the prognosis?				
					21. When, in your opinion, can he resume his usual occupation or employment?					
			1	S				!		
,		(Physician's name in	full)				giver	ı ab	ove are complete and true, I am a graduate	
of		(Medical College)	in the year _							
		(riedical College)								
		Physician's Sig	nature Date			((must	be si	Signature of Insured gned in the presence of attending physician)	
		Hospital/Clinic A	ddress			`			Control of accounting physicians	