



Discover Insurance Company

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MEDICAL QUESTIONNAIRE AND REPORT

Insured name:

Policy number:Claim number:

1. Name of patient: Age:

Address: Occupation:

2. Date of Examination:

a) Nature of injuries by examination

.....

b) Immediate treatment

.....

3. SURGICAL PROCEDURES

a) What operations were carried out

.....

b) Purpose of operation

.....

c) Effect of such operation to someone

.....

d) How painful was the surgical process.....

.....

- e) Was the operation successful
- f) State nature and effect of any complication (if any)
.....
- g) Is there any other surgery required and why
.....

4. HOSPITALISATION

- a) Date of injury Date admitted Date discharged.....
- b) Treatment during hospitalization
.....
- c) State any side effects of the drugs administered and/or surgical procedures.....
.....

5. PAIN

- a) Was the patient in pain
- b) How would you describe the pain which accompanies the injuries described and the
treatment

6. PROGNOSIS

- a) General
- b) Any degenerative condition
.....

7. PERMANENT EFFECTS OF INJURY

- a) Has patient suffered any permanent effects from the injury
- b) Describe any functional limitation caused by injury
.....
.....
- c) How do you assess on a percental basis the degree of impairment of bodily functions
resulting from the injury.....

8. LIFE EXPECTANCY

- a) Has injury affected life expectancy of patient
- b) Explain how injury has affected the patient's ability to work or enjoy hobbies i.e. sport,
gardening etc

9. FUTURE TREATMENT

a) Will patient require future medical attention for the condition described and if so why

.....
.....

10. MEDICAL HISTORY

State injuries or other illnesses or defects observed on patient unconnected with accident

.....
.....

11. OTHER OBSERVATIONS

.....

12. NERVE INJURY

a) Give details if any to nerves or nervous system

.....
.....

b) State short and long term effects of such injury

.....
.....

c) Percentage disability caused by such injury

.....
.....

Name of surgeons and Physician attending on patient

.....
.....

Signature.....

Date.....