



A National Company

Group Total and Permanent Disablement (TPD)

Treating Doctor's Report

MLC Limited
ABN 90 000 000 402
AFSL 230694

*Any charge for completion of this form is the patient's responsibility.
MLC complies with Privacy Legislation.*

Scheme Name or Employer (Business) Name

Policy Number/Member Number

Patient's Details

Mr Mrs Miss Ms Other

Surname (Family Name) (please print)

Given name(s) (please print)

Date of Birth

1 Patient's occupation

2 How long has the patient been attending you and/or your surgery?

 (days) (months) (years)

3 Are you the patient's usual medical attendant?

No

Yes

4 When did you first attend the patient for the current medical condition/s?

5 What is the diagnosis of the patient's medical condition/s?

6 When was the medical condition/s first diagnosed (please provide actual date/s where possible).

7 When did the symptoms first appear or the injury occur (please provide actual date/s where possible)?

8 When did the patient last consult you?

9 Describe the patient's medical condition at that time.

10 Have any other doctors been consulted for this condition(s), or have you referred the patient to any other doctors for a further opinion, treatment or investigation/s for this condition?

No **Go to Question 11**

Yes **Provide details below**

Doctor's name

Address

Postcode

Field of expertise

Referral date (if applicable)

Doctor's name

Address

Postcode

Field of expertise

Referral date (if applicable)

11 Provide the history of the medical condition(s), including dates of all consultations, details of treatment and results of any investigations undertaken. *Please include copies of any test results, if available.*

Consultation dates	Consultation details/treatment
/ /	
/ /	
/ /	
/ /	
/ /	
/ /	
/ /	
/ /	
/ /	
/ /	
/ /	

12 Has hospital treatment been required?

No **Go to Question 13**

Yes **Complete details below**

Name of Hospital/Doctor and Speciality

Address

Postcode

Reason for admission

Admission date / /

Discharge date / /

13 Has the patient had the same or similar condition/s before?

No **Go to Question 14**

Yes Please provide details:

14 In respect of the patient's medical condition, have you completed any certificates for any other insurance company/ies or in connection with workers' compensation, or government department (eg Centrelink, Department of Veterans' Affairs)?

No **Go to Question 15**

Yes To whom?

15 Can the patient ever return to their usual occupation?

No **Go to Question 16**

Yes When will they be fit to return to this work?

 / /

16 Is the patient a suitable candidate for retraining into a new occupation?

No **Go to Question 17**

Yes Please provide details:

17 Will the patient ever be able to perform a job for which they are reasonably suited by education, training and experience?

No Please provide the reason for your opinion:

Yes Please provide examples of jobs:

18 Will the patient ever be able to return to any gainful employment?

No Please provide the reason for your opinion:

Yes Please provide examples of jobs:

/ /

19 Any other comments which you believe are relevant to the assessment of this claim.

Declaration and Authority

I hereby certify that I have personally attended the above patient and that all the information supplied by me on this form is true and complete. I acknowledge that:

- this information is provided for the primary purpose of the assessment and investigation of a claim under a policy with MLC Limited (MLC);
- MLC may provide copies of this form to third parties, for example medical specialists or claims assessors from whom MLC seeks an independent report or to any other person deemed necessary to assist in the assessment or investigation of this claim.

Name (please print)

Address

 Postcode

Qualifications

Telephone number
 ()

Signature

Date
 / /

Please attach copies of any reports and/or test results relating to the patient's current medical condition you may have in your possession.

Return this form and any reports and/or test results to:

Claims Department
MLC Limited
PO Box 200,
North Sydney NSW 2059