

4. Member's Medical Condition

The period the member was a patient of the practice/clinic/hospital or institution

From

Y	Y	Y	Y	M	M	D	D
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 to

Y	Y	Y	Y	M	M	D	D
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Date of first examination

Y	Y	Y	Y	M	M	D	D
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What was the diagnosis?

Please give the details of why the member consulted the practice:

1	Date of Consultation	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>M</td><td>M</td><td>D</td><td>D</td></tr></table>	Y	Y	Y	Y	M	M	D	D
	Y	Y	Y	Y	M	M	D	D		
	Presenting symptoms and/or complaints									
Diagnosis (include blood pressure readings and tests results)										
Treatment										

2	Date of Consultation	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>M</td><td>M</td><td>D</td><td>D</td></tr></table>	Y	Y	Y	Y	M	M	D	D
	Y	Y	Y	Y	M	M	D	D		
	Presenting symptoms and/or complaints									
Diagnosis (include blood pressure readings and tests results)										
Treatment										

3	Date of Consultation	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>M</td><td>M</td><td>D</td><td>D</td></tr></table>	Y	Y	Y	Y	M	M	D	D
	Y	Y	Y	Y	M	M	D	D		
	Presenting symptoms and/or complaints									
Diagnosis (include blood pressure readings and tests results)										
Treatment										

4. Member's Medical Condition (Continued)

4	Date of Consultation	Y	Y	Y	Y	M	M	D	D	
	Presenting symptoms and/or complaints									
	Diagnosis (include blood pressure readings and tests results)									
Treatment										

5	Date of Consultation	Y	Y	Y	Y	M	M	D	D	
	Presenting symptoms and/or complaints									
	Diagnosis (include blood pressure readings and tests results)									
Treatment										

Was the claimant ever hospitalised or admitted to a medical institution over the past 12 months?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Date of Admission	Date of Discharge																
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">Y</td> <td style="width: 20px; text-align: center;">Y</td> <td style="width: 20px; text-align: center;">Y</td> <td style="width: 20px; text-align: center;">Y</td> <td style="width: 20px; text-align: center;">M</td> <td style="width: 20px; text-align: center;">M</td> <td style="width: 20px; text-align: center;">D</td> <td style="width: 20px; text-align: center;">D</td> </tr> </table>	Y	Y	Y	Y	M	M	D	D	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">Y</td> <td style="width: 20px; text-align: center;">Y</td> <td style="width: 20px; text-align: center;">Y</td> <td style="width: 20px; text-align: center;">Y</td> <td style="width: 20px; text-align: center;">M</td> <td style="width: 20px; text-align: center;">M</td> <td style="width: 20px; text-align: center;">D</td> <td style="width: 20px; text-align: center;">D</td> </tr> </table>	Y	Y	Y	Y	M	M	D	D
Y	Y	Y	Y	M	M	D	D										
Y	Y	Y	Y	M	M	D	D										
Reason or Symptoms on Admission																	
Institution / Hospital																	
Treatment details (Include operations or procedures)																	
Final diagnosis (include results of tests done)																	

4. Member's Medical Condition (Continued)

Date of Admission

Y	Y	Y	Y	M	M	D	D
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Date of Discharge

Y	Y	Y	Y	M	M	D	D
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Reason or Symptoms on Admission

Institution / Hospital

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Treatment details (Include operations or procedures)

Final diagnosis (include results of tests done)

Date of Admission

Y	Y	Y	Y	M	M	D	D
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Date of Discharge

Y	Y	Y	Y	M	M	D	D
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Reason or Symptoms on Admission

Institution / Hospital

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Treatment details (Include operations or procedures)

Final diagnosis (include results of tests done)

4. Member's Medical Condition (Continued)

Date of Admission								Date of Discharge							
Y	Y	Y	Y	M	M	D	D	Y	Y	Y	Y	M	M	D	D
Reason or Symptoms on Admission															
Institution / Hospital															
Treatment details (Include operations or procedures)															
Final diagnosis (include results of tests done)															

Date of Admission								Date of Discharge							
Y	Y	Y	Y	M	M	D	D	Y	Y	Y	Y	M	M	D	D
Reason or Symptoms on Admission															
Institution / Hospital															
Treatment details (Include operations or procedures)															
Final diagnosis (include results of tests done)															

4. Member's Medical Condition (Continued)

For the clinical examination details, please note the clinical findings under the standard medical examination headings for example height, weight, and blood pressure reading.

Results of special investigations for example blood test results, CD4 count results, scan reports, x-ray reports etc. Please include these when you return the form to Triarc Group Risk.

Current treatment and response to treatment. Please specify dosages and comment on the treatment compliance:

Side effects, please specify:

Are you planning any further treatment? Yes No

