Credit Insurance Disability
Confidential Medical Report

To be completed by the claimant's treating specialist.

The medical information requested in this form is in support of a claim for disability benefits. Your expertise and advice will provide a vital link in the process of assessing the claim.

Please ensure that copies of all clinical/diagnostic test results and specialist reports, etc. are attached to this form.

Completed forms together with supporting documents must be emailed to **insuranceclaims@capitec.com** or submitted to a Capitec Bank branch.

Section 1: Claimants' details

First names

Surname

ID /Passport number

Section 2: Detail of medical condition

Date of first consultation

D D M M Y Y Y Y

Date of last consultation

D D M M Y Y Y Y

Frequency of consultations

Provide a brief history of the claimant's condition:

What is the claimant's current diagnosis?

What is the claimant's current symptoms/presentation?

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T1-S1-001 Confidential Medical Report

Section 2: Medical details (continued)

What is your current clinical findings. Please provide us with all your findings and copies of all investigative results.

Please comment on the claimant's ability to carry out the specified activities in the table below:

Functional activities	Able	With some assistance	Unable	Comments
Bilateral use of hands				
Lifting				
Carrying				
Standing				
Sitting				
Bending				
Walking				

Please comment on the claimant's ability to carry out the specified activities in the table below:

Activity	Able to perform	With some assistance	Not able
Bathing	No assistance required	Claimant is able to bath himself but need some assistance. Hands-on assistance is required or; Assistive devices, such as handrails, bath bench is required	Claimant is totally dependant on others in all areas of bathing
Grooming	No assistance required	Hands-on assistance is required with some activities when grooming themselves	Claimant is totally dependant on others in all areas of grooming
Dressing	No assistance required	Hands-on assistance is needed with some activities.	Claimant is totally dependant on others in all areas of dressing
Eating and Feeding	No assistance required	Hands-on assistance is required, e.g. help with cutting up food or pushing food within reach, or help with applying an assistive device.	Claimant is totally dependant on others in all areas of eating and feeding
Toileting	No assistance required	Hands-on assistance is required with some activities, e.g. transferring onto the toilet.	Claimant is totally dependant on others in all areas of toileting. Claimant has no bladder control. Permanent catheter or Permanent colostomy
Mobility in home	No assistance required	Walking and transferring requires the assistance of another person, or a railing, cane, walker or wheelchair	Claimant is totally dependant on others to assist them with walking or transferring

Section 2: Medical details (continued)

Please list all current functional limitations:

Medication:

Type of medication	Dosage	Usage	Effectiveness

Hospitalisation:

Admission date	Discharge date	Reason for admission	Treatment received

What is the claimant's overall prognosis?

When is the claimant expected to be completely recovered from this condition?

D D M M Y Y Y Y

If complete recovery is not expected please explain why?

When is the claimant expected to return to work in their normal duty?

D D M M Y Y Y Y

Is the claimant able to return to alternate duty? If so, when and what precautions should be taken

D D M M Y Y Y Y

Any additional comments

Section 3: Declaration

I hereby declare that I have personally examined and attended to the claimant and that the contents of this report are true and correct.

Drs Initials and Surname

Speciality

HPCSA number

Practice number

Telephone number

Doctor signature

Doctor stamp

D D M M Y Y Y Y

Processing of Personal Information in terms of the Protection of Personal Information Act 4 of 2013

The privacy of our Insured is of utmost importance to us. We will take the necessary measures to ensure that any and all information, including Personal Information (as defined in the Protection of Personal Information Act 4 of 2013) provided by you or which is collected from you is processed in accordance with the provisions of the Protection of Personal Information Act 4 of 2013 and further, is stored in a safe and secure manner.

The Insured's Personal Information will be used to assess the claim for the Insured. You hereby agree to give honest, accurate and up-to-date Personal Information of our Insured to assist us in assessing the risk insured against.

You acknowledge that any Personal Information supplied to us in respect of the Insured is provided according to the Applicable Laws. Unless consented to by yourself, we will not sell, exchange, transfer, rent or otherwise make available any Personal Information you have provided in respect of our Insured unless it is a requirement in terms of the Applicable Laws.