MEDSHIELD
medical scheme

MEDICAL REPORT

Email: newapplication@medshield.co.za

To be completed by the applicant's treating doctor. Please complete in black ink. Print clearly using capital letters. Only one character per block. Leave one block between words. Tick the relevant block where necessary. All sections must be completed.

SECTION A APPLICANT'S DETAILS (PATIENT)

Name:	
Surname:	
RSA ID Number:	
Passport Number (for non-RSA citizens):	
Date of Birth:	D D M M Y Y Y Y
Cell Phone Number:	
Email Address:	

SECTION B MEDICAL DOCTOR'S DETAILS

Doctor's Name:	
Qualification / Speciality:	
Practice Number:	
Telephone Number:	
Email Address:	

How long have you been the applicant's treating doctor?

Date of first consultation with the patient: D D M M Y Y Y Y

Has the patient been referred to any other medical practitioner or are you aware of any other medical practitioner, specialist, etc. who has been consulted by the patient? Y N

If yes, please provide details.

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Medical history
Please complete the below detailing all consultations, diagnosis and treatment rendered to the patient for the last 12 months:

Date	Diagnosis	ICD-10 Code	Indicate type of treatment such as hospital admission, surgery, procedure type, therapy, and the name of the medicine used during the past 12 months	Last date of follow-up consultation, tests, medicines, procedures

Have you conducted any specialised tests, e.g. X-rays, blood tests or requested any other examinations? Y N

If yes, please provide the date and copy of the results of the tests.

If applicable, please provide any additional relevant medical details.

SECTION C DOCTOR'S DECLARATION

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

_____
Signature of Medical Doctor

Date: D D M M Y Y Y Y

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