



# Medical practitioner questionnaire for work related gradual process cover



This form is to be completed by the medical practitioner at the same time a claim (ACC45) is being lodged for a patient who the practitioner considers will have cover for personal injury caused by work-related gradual process, disease or infection. The information in this questionnaire will be used by ACC when deciding whether to accept the claim.

### Patient details

ACC45:

Patient Name:

Date

of Birth:

### Injury details

Current diagnosis:.....

What is the likely cause of this diagnosis? í ..

Date first consulted regarding condition: ...../...../.....

What are the symptoms of injury as described by your patient?

.....

What are the examination findings that support the above diagnosis and confirm there has been a physical injury?

.....

.....

Have there been, or are you awaiting any investigations such as lab tests, a specialist assessment, or radiology examination? If "yes" & available, please provide a copy of these reports.  Yes  No

**PLEASE ENCLOSE COPIES OF ALL CONSULTATION NOTES OF RELEVANCE TO THIS CLAIM**

### Other health problems or factors

Does this person have any other health problems? Please tick appropriate box/es.

- Obesity
- History of Eczema
- Thyroid Disease (specify)
- Diabetes
- History of Asthma
- Pregnancy
- Arthritis (specify)
- History of hayfever
- Nil

Additional information and details of other relevant health factors:

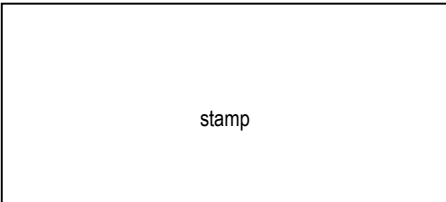
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### Medical practitioner details

Name í

Signature í í í í í í í í í í í í í í í í í Date ...../...../.....í .

Phone í í í í í í í í í í .. Fax í í í í í í í í í í ..



Note to Practitioner: Please fax the completed form to free fax 0800 222 359 or mail to ACC Christchurch Contact Centre PO Box 13 447 Christchurch.

Include a tax invoice noting your fee. The invoice should show the actual **Medical Practitioner** time taken to complete the form and the ACC45 number. A fee of \$165.00 plus GST per hour (pro rata in 10 minute increments) is payable for this service on acceptance of your tax invoice. Please do not tender any other invoice for this service.

*The information collected on this form will only be used to fulfil the requirements of the Injury Prevention, Rehabilitation, and Compensation Insurance Act 2001. In the collection, use and storage of information, ACC will at all times comply with the obligations of the Privacy Act 1993 and the Health Information Privacy Code 1994*