Assessment report by

medical practitioner (Disability)

Government Employees Medical Scheme

To be completed in full by a medical practitioner and submitted to GEMS in any of the following manners:
Post to **GEMS, Private Bag x782, Cape Town, 8000** or Fax to **0861 00 4367**

Section A: Member personal details

Membership No. Main member ☐ Yes ☐ No

Full Name

Surname

ID/ Passport No.

Tel No. (H) (W)

Cellphone No. Fax No.

Postal Address

Code

Section B: Dependant (patient) personal details

ID/ Passport No. Date of birth D D M M Y Y Y Y

Full Name

Surname

Section C: Medical history

For how long have you been the doctor? *(If not his/her treating doctor, please indicate.)*

Was the patient referred to any other medical practitioner? ☐ Yes ☐ No

If YES, please provide details and attach the relevant reports

When did you last attend to the patient?

How long have you been the patients, doctor?

Please give full details of the condition for which you are treating the patient

Section C: Medical history

Date of commencement of condition D D M M Y Y Y Y

Subsequent consultations regarding this condition

Date		Reason for consultation	Diagnosis	Treatment	Result
From	To				

Section D: Patient's condition

Describe fully the patient's present condition with specific detail to the loss of limbs, eye sight, mental ability, mobility etc.

Is the condition totally and permanently incapacitating? ☐ Yes ☐ No

If YES, please describe in detail to what extent the patient is incapacitated

If NO, what is the likelihood of either partial or complete recovery? ☐ High ☐ Medium ☐ Low

What is the probation duration of the disability? _____

Is there potential for rehabilitation? Give details _____

Section E: Doctor's declaration

I certify that I have personally attended to the patient and the above statements are correct to the best of my knowledge.

Sign at ______________ this ____ day of ______________ 20 ____

Signature of medical attendant ______________________ Date D D M M Y Y Y Y

Initials

Surname

Tel No. (W) Fax No.

Cellphone No.

Postal Address

Code

Qualification Practice No.

Comments

Private bag X782 Cape Town • **Service Provider Call Centre:** 0860 436 77 • **Fax:** 0861 00 GEMS (4367)
Email enquiries@gems.gov.za • **Fraud Line** 0800 21 2202 • **HIV Aids Helpline** 0860 436 736 • www.gems.gov.za