Assessment report by medical practitioner (Disability)





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
Surname
Full first name/s
Main member Yes No ID no
Tel no (H) ((W) ((W) ((W) ((W) ((W) ((W) ((W) ((W) ((W) ((W) ((W
Cell phone no Fax no ()
Postal address
Code Code
Section B: Dependant (patient) personal details
Surname Surname
Full first name/s
ID no Date of birth DDMMYYYY
Section C: Medical history
For how long have you been the doctor? (If not his/her treating doctor, please indicate.)
To now long have you been the doctor: (in not his/her treating doctor, please indicate.)
Was the patient referred to any other medical practitioner?
If YES, please provide details and attach the relevant reports
The state 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 (continued)									
Date of commencement of condition DDMMYYYY Subsequent consultations regarding this condition									
Da	ate	Reason for	Diagnosis	Treatment	Result				
From	То	consultation	Diagnosis	rreatment	Result				
Section D: P	atient's conditi	on							
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?									
		-							
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

knowledge.	i to the patient a	illu tile above st	atements are c	onect to the	e best of my
Sign at	this	day of		2	20
Signature of medical attendant					
Initials Surname	Fax no (<u> </u>			
Tel no (W) () Cell phone no	Fax 110 (<u> </u>	/			
Postal address	_				
				Code	
Qualifications			Practice no		
Comments					

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We are committed to protecting your personal data

Your right to privacy and security is very important to us. The Government Employees Medical Scheme (GEMS) and its contracted Service Provider Network (SPN) treat personal information as private and confidential. We collect personal information for the purposes set out in the Scheme's Registered Rules or otherwise communicated to you and we use your information for a number of different purposes, for example to provide our services to members and otheres and to meet our legal and regulatory obligations. For more detailed information on and why we use your information, including the rights in relation to your personal data, and our legal grounds for using it, please view the GEMS Protection of Personal Information Policy and Promotion of Access to Information Manual on our website at www.gems.gov.za.