



### **3. Medical Section**

1. Chief complaint & duration
  2. First consultation date for above condition (dd/mm/yyyy)
  3. Initial Diagnosis
  4. Please tick the appropriate box
  5. If maternity related, please indicate LMP
  6. How long has the patient been aware of the complaint?
  7. Final Diagnosis
  8. ICD Code(s)
  9. Treatment Details
  10. CPT Code(s)
  11. Pre authorisation

Maternity  Acute  Chronic  Congenital

5. If maternity related, please indicate LMP
  6. How long has the patient been aware of the complaint?
  7. Final Diagnosis
  8. ICD Code(s)
  9. Treatment Details
  10. CPT Code(s)
  11. Pre authorisation

#### **4. Doctor's Declaration**

I declare that I am the patient's treating doctor and the particulars given are true and correct to the best of my knowledge.  
Date (mm/dd/yyyy)

Doctor's Stamp

**Signature**