

**Personal Details of Doctor (author of report)**

Full name

Qualifications and medical registration (where registered – not the registration number)

Work address

Position title

Employment history as it relates to this case.

Experience relevant to this case

## **MEDICAL REPORT**

Date (report typed)

**Report prepared for**

Title, Name

Organization

Address

**RE**

Name: full name and also-known-as names.

(Also provide variations in spelling, if any)

Date of birth. Hospital unit record number

**Reason for Medical Assessment**

Who requested the medical evaluation, and why (1-2 sentences)

**Site and time (record information for each event)**

Location where service provided

Time and date called out

Time and date assessment commenced

Time and date assessment concluded

**Consent**

Who provided consent and for what procedures?

Time, date, manner, use of what consent forms (eg VPPMS mature minor consent form)

Details of how consent was obtained and by whom

Note if consent was given to obtain information from other professionals

**Observers**

Who, for what part of assessment / examination?

Document when and how assistance was provided

**Sources of information**

Full details of all people who provided information, (face-to-face conversations, telephone conversations, email and letters, diary entries, drawings, images captured on mobile phones etc)

Reports – medical and others

Medical files and hospital records

Investigations and reports/correspondence/opinions obtained from other professionals

**Presenting complaint**

5/10/2016