SECTION C

ATTENDING PHYSICIAN'S STATEMENT

[1a]**Group #:** _____ [1b]**Member #:** _____ [2]**TRN:** _____

N.B.: **THE PATIENT IS RESPONSIBLE FOR COMPLETION OF THIS FORM WITHOUT EXPENSE TO GUARDIAN LIFE LIMITED**

[3]**NAME OF PATIENT/MEMBER:** _____

DATE OF BIRTH: _____

PRESENT ADDRESS: _____

1. HISTORY

(a) When did accident happen?/disability commence? Day_____Month_____ Year_____

(b) Date employee ceased attending work because of accident/disability: Day_____ Month_____ Year _____

(c) Has patient ever had same or similar condition? ☐ Yes ☐ No (If "Yes", state when and describe)

_____

_____

2. PRESENT CONDITION (Give details of Insured's present condition. Include results of X-Ray or Special Test)

(a) Is patient ambulatory?_____ Bed confined?_____ House confined? _____

Hospital confined?_____

3. DIAGNOSIS:_____

4. TREATMENT: _____

(a) Date of first visit: Day _____ Month _____ Year _____

(b) Date of last visit: Day _____ Month _____ Year _____

(c) Frequency of visits: ☐ Weekly ☐ Monthly ☐ Other

(d) When did you last examine the patient? Day _____ Month _____Year _____

5. PROGRESS: ☐ Recovered ☐ Improved ☐ Unimproved ☐ Retrogressed

6. EXTENT OF DISABILITY:

(a) Is disability temporary or permanent? _____

(b) Is disability total? ☐ Yes ☐ No

[1a]**Group #:** _____ [1 b]**Member #:** _____ [2]**TRN:** _____

[3]**NAME OF PATIENT/MEMBER:**. _____

(c) If disability is not total, please explain: _____

_____

(d) Has employee resumed work? If no, please give prescribed dates for the patient's absence from work.

Start Date: _____ End Date: _____

If yes, please give the prescribed period for which the patient was absent from work.

Start Date: _____ End Date: _____

(e) For loss of limb/organ:

Limb/Organ Lost: _____

(i) Nature of loss: _____

(ii) Percentage of loss: _____

(iii) Is loss permanent? _____

Any additional comments by attending physician:

_____

_____

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_____ _____

DATE ATTENDING PHYSICIAN

_____

ADDRESS STAMP

PERSONAL ACCIDENT CLAIM FORM
GUARDIAN LIFE LIMITED
FORM # EB.E 0024/00208; 03/2010; 04/2014; 10/2016

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