

# Group Major Illness

## Medical Information Questionnaire – Treating Medical Specialist Severe Burns

To be completed by the claimant's treating medical specialist.

This questionnaire is designed to obtain information in relation to a claimant who has suffered severe burns.

**If there is a cost associated with the completion of the form, it is the responsibility of the claimant.**

### 1 Claimant's details

a. Surname (Family Name)

b. Given name/s

c. Date of Birth            /            /

### 2 History

a. How long have you known the claimant?            years            months

b. Are you the claimant's usual treating specialist?            Yes     No

c. Has the claimant been diagnosed with this condition, or any contributing symptoms previously?    Yes     No

If 'Yes', when?            /            /

### 3 Details of the claimant's Major Illness

The following questions are designed to assist us in the assessment of the claimant's insurance claim for Major Illness Benefits. It is important that you provide detailed answers to assist us in our assessment.

a. Please confirm whether the claimant has suffered tissue injury caused by thermal, electrical or chemical agents causing third degree (full thickness) burns.            Yes     No

b. Has the claimant's third degree burns affected 20% or more of his/her body surface as measured by the Rules of Nines or the Lund & Browder Body Surface chart or 50% of each hand and or 50% of the face?            Yes     No

**4 Declaration**

I hereby declare that the above statements are true and correct.

Signature of Doctor / Specialist / Consultant	Date
X	/ /

Name .....

Address .....

Qualifications .....

Telephone number ..... Email .....

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**Please send your completed form to:**

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