

# Group Risk Insurance General Practitioner Report – Terminal Illness Benefit



The patient is responsible for any costs involved in completing this form.

Policy number

Policy name

## 1 Patient's details

Title \_\_\_\_\_ Surname \_\_\_\_\_  
Given names \_\_\_\_\_ Date of birth     /     /  
Address \_\_\_\_\_ State     Postcode

## 2 Diagnosis

Diagnosis \_\_\_\_\_  
Date of diagnosis     /     /     When did symptoms first appear?     /     /  
Name of doctor who diagnosed condition \_\_\_\_\_  
Address \_\_\_\_\_ State     Postcode  
Clinical factors on which diagnosis was made

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

History given on presentation  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other significant medical history known to you  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**3 Consultation**

Date you first attended the patient      /      /

Name of hospital attended

Period of hospitalisation – Date admitted      /      /      Date discharged      /      /

Type of treatment performed

.....

.....

.....

Name

Name of General Practitioner

Address      State      Postcode

Please provide details of any other doctor the patient has consulted in relation to this condition

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.....

**4 Treatment and prognosis**

Date treatment commenced      /      /

Please provide details of treatment undertaken to date and the outcomes

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Please describe patient's capacity in terms of the Kamofsky Index of Performance or ECOG Scale

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.....

.....

Is the patient likely to pass away within 12 months? Please specify life expectancy in months

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.....

.....

Please advise the clinical data upon which your prognosis is made

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.....

**5 Evidence of diagnosis**

Please attach a copy of any information that supports the diagnosis including results of any investigations or tests.

**6 Additional information**

.....  
.....  
.....  
.....  
.....  
.....

**7 Declaration**

I declare that, to the best of my knowledge, the information provided is true, correct, and complete.

Name ..... Qualifications .....

Address ..... State ..... Postcode .....

Contact number ..... Facsimile .....

Signature	Date
X	/ /

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