NICO INSURANCE ZAMBIA LIMITED

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Claim Number: .....

Insured Name: .....

INJURY MEDICAL QUESTIONNAIRE AND REPORT

1. Name of Patient: .....

   Age: .....

   Address: .....

   .....

   Occupation: .....

2. Date of Examination:
   .....

   1) Nature of injuries by examination .....
      Distinguishing between flesh and skeletal tissue.....
      Injuries .....
      .....
      .....

   2) Immediate Treatment .....
      .....

3. ADMISSION

1) Date of injury .....
2) Date of Admitted .....
3) Date Discharged .....
4) Treatment during admission .....
   .....

State any side or adverse effects of the drugs administered and /or surgical procedures .....

4. SURGICAL PROCEDURES

1) What operations were carried out .....
.....

2) Purpose of operations .....
.....

3) Was operations successful .....

4) State nature and effect of any complications .....
.....

5) State if further surgery is required and why .....
.....

6) How painful was surgical process .....
.....

5. PAIN

1) Was the patient in pain .....

2) How would you describe the pain which generally accompanies the injuries described and the treatment .....
.....
.....

6. PROGNOSIS

1) General .....
.....

2) Any degenerative condition .....
.....

7. PERMANENT EFFECTS OF INJURY

1) Has patient suffered any permanent effects from the injury .....

2) Describe any functional limitation caused by injury .....
.....
.....
.....

3) How do you assess on a percental basis the degree of impairment of bodily functions resulting from the injury .....
.....

8. LIFE EXPECTANCY

i) Has injury affected life expectancy of patient .....
ii) Explain how injury has affected the patient's ability to work or enjoy hobbies i.e. sport, gardening etc
.....
.....

9. FUTURE TREATMENT

i) Will patient require future medical attention for the conditions described and if so why .....
.....
.....

10. MEDICAL HISTORY

State injuries or other illnesses or defects observed on patient unconnected with accident
.....
.....
.....

11. OTHER OBSERVATIONS

.....

12. NERVE INJURY

1) Give details if any to nerves or nervous system
.....
.....

2) State short and long term effects of such injury
.....
.....
.....

3) Percentage disability caused by such injury
.....
.....

Name of Surgeons and Physicians attending on patient

.....
.....

Signature .....

Date.....