

ATTENDING PHYSICIAN'S STATEMENT

1. Patient's Name-Surname Sex Ageyears

2. Past illness.....

3. Diagnosis.....

Cause of dismemberment, loss of physical ability or disability at this time:

- accident illness other.....

4. Physical examination result:

4.1 Muscle power of arms and legs:

No movement ability at all = 0	Movement ability against Gravity =3
Enough visible movement = 1	Low power =4
Horizontal movement ability = 2	Norma; power =5

Assessment: Left side Right side

Hand =.....	Hand =
Arm =.....	Arm =
Leg =.....	Leg =
Foot =.....	Foot =.....

4.2 Muscle spasticity:

If yes, specify high, low or moderate.

<u>Left side</u>	<u>Right side</u>
Hand <input type="checkbox"/> no <input type="checkbox"/> yes:.....	Hand <input type="checkbox"/> no <input type="checkbox"/> yes:
Arm <input type="checkbox"/> no <input type="checkbox"/> yes:.....	Arm <input type="checkbox"/> no <input type="checkbox"/> yes:.....
Leg <input type="checkbox"/> no <input type="checkbox"/> yes:.....	Leg <input type="checkbox"/> no <input type="checkbox"/> yes:.....
Foot <input type="checkbox"/> no <input type="checkbox"/> yes:.....	Foot <input type="checkbox"/> no <input type="checkbox"/> yes:.....

4.3 Muscle atrophy:

If yes, specify high, low or moderate.

<u>Left side</u>	<u>Right side</u>
Arm <input type="checkbox"/> no <input type="checkbox"/> yes:.....	Arm <input type="checkbox"/> no <input type="checkbox"/> yes:.....
Leg <input type="checkbox"/> no <input type="checkbox"/> yes:.....	Leg <input type="checkbox"/> no <input type="checkbox"/> yes:.....

4.4 Tendon Reflexes of arms and legs:

<u>Left side</u>	<u>Right side</u>
Elbow joint:	Elbow joint:
Knee joint :	Knee joint :
Ankle joint:	Ankle joint :

4.5 Sensory:

- Normal
Sensory loss. i.e.:
 - Pain at the level of to
 - Sense at the level of.....to.....

4.6 Gait:

- Normal No gait ability at all
Able to walkbut staggeringly due to Gait Ataxia
Able to walk with a support person or walking aid due to muscle weakness

Others, specify:.....

4.7 Speech:

- Normal Able to speak but unclearly
Able to speak with difficulty to hear
Able to hear and understand but unable to speak
Unable to speak, hear and understand

Others, specify:.....

4.8 Deglutition:

- Normal food with aspiration without aspiration
 Soft food with aspiration without aspiration

4.9 Activities of Daily Living:

	Good	Somewhat	Not at all
Feeding			
Toileting			
Dressing			

4.10 Bowel and bladder control:

	Yes	Somewhat	Not at all
Bladder			
Bowel			

4.11 Disorder or pathology of other organ system
 (head, eyes, ears, throat, nose, lungs, etc.)

.....

5. Is the patient's dismemberment, loss of physical ability or disability at this time totally permanent or not, and what is the cause of it?

.....

6. You made conclusion on the patient's dismemberment, loss of physical ability or disability to be totally permanent from the date of:

.....

7. Your opinion on the patient's totally permanent loss of physical ability or disability in percentage:

Arms: %; Legs:%

8. Based on the illness condition of this patient, do you think whether recover is possible or not? Why?

.....

9. Today as on the date of....., does the patient's loss of physical ability or disability remain totally permanent or not? Why?.....

.....

10. In the present state, is the patient able to resume his/her former work or regular occupation or not?

Yes No

11. In the present state, is the patient able to carry on other occupations or not?

Yes No

12. Blood alcohol test result:

13. Other comments:

Affix the Medical Establishment's Seal

Signed..... Examining Physician

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License to Practice Medicine No.:.....

Name of the Medical Establishment.....

Date:...../...../.....

Group Insurance Claim Unit, Claims Division