

Accuro Health Insurance is not liable for any costs associated with the completion of this form. This form is to be completed by your usual GP/Dentist. If the space allowed for answering any of the questions is insufficient, please attach a separate sheet.

Membership number _____

Patient's name _____ Patient's date of birth ____/____/____
dd mm yy

1 Medical history

Please provide a complete description of the condition and/or the proposed treatment.

When did you first examine the patient for this condition? ____/____/____
dd mm yy

Has the patient ever been seen by another doctor, hospital or clinic for this condition? No ☐ Yes ☐ If Yes, please provide details:

Has the patient a history of this condition? No ☐ Yes ☐ If Yes, please provide details:

Has the patient ever had a condition which would predispose him/her to the current condition? No ☐ Yes ☐ If Yes, please provide details:

In your opinion, when would the signs and symptoms of this condition have become apparent for the first time?

2 Accident compensation

Is this an ACC related condition? No ☐ Yes ☐ If Yes, has an ACC claim form been lodged? Yes/No (please circle)

If Yes, please attach a copy of the ACC claim form

If No (an ACC claim form has not been lodged), please provide full details:

3

Doctor's name _____

Doctor's address _____

When was your patient first aware that treatment may be necessary for this condition?

dd / mm / yy

Are you the patient's regular Doctor? No ☐ Yes ☐

If Yes, please state when you became the patient's regular Doctor dd / mm / yy

If No, please provide the regular Doctor's name and address:

Name _____

Address _____

4

Doctor's signature _____ Date / /
dd mm yy

5

Please check that you have completed the following:

- ☐ Have you included a copy of the GP/Dental referral letter?
 - ☐ Have you signed the form?
 - ☐ I confirm that I am aware that Accuro will not be liable for any costs associated with the completion of this form.

Please return all completed forms to:

Accuro Health Insurance

P0 Box 10075

Wellington 6143

or fax to (04) 473 6187

or email info@accuro.co.nz