

8. Provide brief details of any surgical procedure performed for current illness or claim event. Please include any complications of surgery that have occurred

9. Were there any predisposing factors for this condition?

PART C: CLAIM DETAILS

1. **TOTAL BENEFITS:** The patient was unable to perform **ANY** professional duties from:

Start date: / / End date: / /

NOTE To qualify for Total benefits your patient should not be able to perform any of the occupational duties normally associated with their above occupation, whether physical or mental tasks, including minor physical tasks such as consulting, or administrative tasks such as dealing with queries.

2. **PARTIAL BENEFITS:** The patient was able to perform **SOME** Professional duties from:

Start date: / / End date: / /

NOTE To qualify for Partial benefits your patient is able to carry out some of their normal occupational duties as above, or work reduced working hours compared to normal working hours, but not all. PPS Claims will also assess this in line with the occupation and profession.

3. When did your patient resume her usual professional duties on a full- time basis? / /

4. If your patient has not returned to work, please indicate the expected return to work date:

Full time: / / Part time: / /

PART D: TREATING OBSTETRICIAN'S/GYNAECOLOGIST'S DETAILS

HPCNA Reg No Practice No:

Surname: Initials:

Telephone No: Fax No:

Email address:

Physical Address:

Signed at: this day of 20

Signature of Obstetrician/Gynaecologist