

Doctor's Report

Details about the Patient *(To be filled by a Medical Doctor)*

Name: _____

Identity Card Number: _____

Surname: _____

Date of Birth: __/__/----

Diagnosed Sickness and / or Condition

Short description about signs and symptoms of case

Other sickness causing complications and / or after-effects

In what way and to what extent, as regards to diet and curing methods, can Sickness Assistance help alleviate the sickness or condition of the patient?

If the patient is suffering from **Schizophrenia, Bi Polar or Psychotic Depression**, this declaration is to be endorsed by a Consultant Psychiatrist:

I hereby declare that the above patient has been undergoing regular treatment for such condition for at least three years and has been under my care within the three months immediately prior to this claim.

Name of Doctor

Medical Council Number

Signature

Rubber Stamp

Date