



**Phoenix**  
**Of Swaziland Assurance Company Ltd**

Claim Number: .....

Insured Name: .....

**MOTOR ACCIDENT  
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 .....

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.....

**10. MEDICAL HISTORY**

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

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**11. OTHER OBSERVATIONS**

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**12. NERVE INJURY**

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

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

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.....  
.....

- 3) Percentage disability caused by such injury

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Name of Surgeons and Physicians attending on patient

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Signature .....

Date.....