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Medical Report Template

Administrative Details

Patient Name:			
Date of Birth:		**Sex/Gender:**	
Claim Number:			
Request Date:		**Received From:**	

General Practitioner Credentials

Practice Name:			
GP Name:		**GP Credentials:**	

This report has been prepared by [Enter GP Name], an [Enter GP Credentials] with [Enter Years of Experience] in general practice. I have been treating [Enter Patient Name] since [Enter Start Date of Treatment], and I am their usual GP.

Purpose and Scope

This report has been prepared at the request of [Enter Insurance Provider Name] to provide medical information regarding [Enter Patient Name]'s [Enter Condition].

The report is based on medical records and includes details of the patient's condition, treatment, investigations, and referrals. There may be some gaps in the medical record where relevant.

Subjective Findings

Demographic and Contextual Factors	

Patient-report Symptoms	
Impact on Lifestyle (Time Off Work, Functional Limitations, Workplace Adjustments)	

Objective Findings

Medical History and Diagnosis	
Test/Investigation Results	
Medical Management to Date (Medications, Referrals, Hospitalizations, Procedures/Therapies)	
Ongoing/Planned Management	

(Medications, Referrals, Hospitalizations, Procedures/Therapies)	

Prognosis and Medical Opinion

Prognosis

Describe the patient's prognosis, including the long-term outlook of their condition

Medical Opinion / Response to Requested Questions:

Provide the GP's medical opinion on how the patient's condition affects their ability to perform daily tasks and work, including any necessary accommodations

Certification and Signature

I confirm that the information in the above report is true and correct. This report will not be altered, but I will provide a supplementary report with more details should it be deemed necessary.

GP Name and Signature:			
Phone Number:		**Email Address:**	
Date Completed:			