Work Injury Report

Patient Name : _____
I.D. no. : _____
WTW ref no. : _____
Name of employer : _____

Date : _____
Contact No. : _____
WTW contact : _____

☐ GP Consultation ☐ New Case (Medical Treatment Authorization Form attached)

☐ SP Consultation ☐ Follow-up Case (Medical Treatment Authorization Form attached)

☐ Issue date of Medical Treatment Authorization Form Date: _____ (if applicable)

Clinical Summary (History, Present complaints & Progress Date of Injury:

Diagnosis: _____

☐ X-Ray : _____(regions) _____ (no. of views)

Treatment and Recommendations:

☐ Emergency procedures (e.g. wound management, POP, vaccine etc.) *please specify:

☐ Prescriptions (Medications):

☐ Referral (e.g. PT, MRI etc., prior approval from WTW is required)

Work Injury Report

Sick leave and Work capacity

☐ Sick leave from _____ to _____

☐ Next follow up on _____ at _____

☐ Condition reached Maximum Medical Improvement and refer to MAB *(*attach referral to MAB if applicable)*

☐ Suggest to return to work on _____* with / without alternative duties for _____ weeks

☐ Alternative duties suggested : _____

_____

Attending Doctor (signature and chop with address)

I hereby authorize my medical practitioner(s) and/ or clinic(s), by whom or where I have been treated, to give full particulars including prior treatment programme and/ or medical history related to this work injury case to Willis Hong Kong Ltd., and all relevant parties as in the Medical Treatment Authorization Form for processing the claims. In line with Data Privacy requirements, I understand that any information shall be used for the sole purpose of administering work injury assessment.
本人同意並授權有關診所或主診醫生，將本人是次之工傷記錄、有關治療程序及復康進度等，交予韋萊香港有限公司，及醫療護理授權証上列明之相關人士，以便安排治療及理賠程序。本人明白上述資料受到個人私隱條例保障，只用於本人已授權之範圍內。

求診人仕簽名 Patient's Signature: