

WIRM® MEDICAL PROGRESS REPORT

New Case Date of Birth of Patient :(new case only)

Follow-up Case Consultation Date :

Employer:

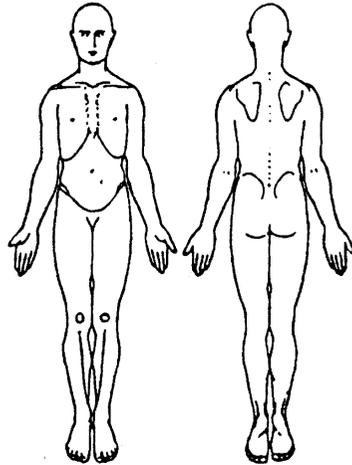
Patient :.....(M / F) HKID:

Telephone No.:..... DOI :

Diagnosis:

The above diagnosis is LIKELY UNLIKELY related to the alleged work-injury.

Accident Description



MEDICAL ASSESSMENT (include possible complications, effect of prior injury or medical condition)

Chief Complaints

Email to WIRM@marsh.com IMMEDIATELY

Medical History

Clinical Findings

MEDICAL MANAGEMENT

Normal Modify Duties - Complete " WIRM® Rehabilitation and Return to Work Plan"

Sick Leaves From To (WIRM® / H₁ / Private Doct₁)

Medication

Referral

A & E Hospital

SP

PT / OT No. of Sessions.....

Imaging

Other

Maximal Medical Improvement Yes No Permanent Disability:% (Base on AMA)

Fit for Medical Assessment Board Yes No NA

if **No**, please advise anticipated date..... Current Extend of Recovery:%

Next Follow Up Date:..... Not Necessary

Comments

Dr. Signature with chop : Date :