CONFIDENTIAL Date:

Board Report No:

Claim Number:

Long Term Incapacity Allowance/Incapacity Pension Medical Report

Claimant Details

Surname: Title:

Forename(s): Social Security Number:

Date of Birth:

Address:

Daytime phone no:

Name of GP:

Nature of Incapacity:

Time examination started/ interview started

Time examination ended/ interview ended

Date of completion

Proof of ID seen

If yes, what form of ID

1.

Last known Occupation	
Date left	/ /
Reason for leaving	

2.

Please give brief clinical history and report on details of any hospital treatment of or investigations within the last 12 months or since last Medical Board, including any specific therapy for mental health conditions.

3.

Description of functional ability

Record here the claimant's description of a typical day, including the effect of the medical condition(s) on daily living.

Please highlight the impact of bad days on impairment of functional ability and level of severity and variability taking into account fluctuation, pain, fatigue, stiffness, breathlessness etc.

• Time wake up • Getting out of bed • Washing • Getting breakfast • Housework • Shopping • Watching TV • Reading • Driving • Hobbies • Holidays • Meeting others • Going to bed • Sleeping	

3.1

Description of function ability – continued.

4.

Medication

Drugs	Reason for use

5.
Findings – Observed behaviour.

6.
Examination (including mental health, height, weights and visual acuity where applicable)

Back pain examination form completed ☐ Depression form completed ☐

7.
Diagnosis

Note In the section below there should be diagnosed only such conditions stated in the previous sections as are relevant to the loss of physical or mental faculty.

F denotes fully relevant to the condition e.g. injury to a limb which was previously normal.

P denotes partly relevant to the condition e.g. a previously ankylosed joint rendered worse by an injury.

Conditions thus diagnosed will be referred to as “relevant conditions”.
(List all the certified “F” conditions e.g. back pain. If there is another condition connected with the certified condition e.g. depression, please state “back pain with depression”)

No.	Diagnosis	Relevance	Reason

The remainder of the condition described should be described unconnected.
(If the certified condition is e.g. back pain and the claimant also has e.g. diabetes this would be unconnected)

8.

Has the condition caused a loss of faculty? YES NO

No.	If YES, what is the loss of faculty?	Percentage Disablement

8.1

How does this affect the claimant?
(E.g. difficulty walking / bending / lifting. E.g. Unable to work / socialise / self neglect.)

No.	

8.2

Reasons for assessment

In answering the following questions, please regard only the “relevant conditions” and is the condition such that there is likely to be any permanent loss of physical or mental faculty of 5% or more? *(Permanent for the foreseeable future)*	YES	NO

Please state the percentage disablement resulting from the relevant loss of physical or mental faculty. *(Combined assessment if more than one condition)*	Award given for the assessment (%)	

Has the percentage decreased/increased since the last board?	YES	NO

If YES, please give reasons and include evidence on which are basing decisions e.g. condition has improved.

9.

Start date of assessment	/ /
End date of assessment	/ /

As a result of the relevant disease or injury is the claimant likely to be permanently incapable of work?	YES	NO
If YES, is Incapacity Pension appropriate? *(This should be considered if the claimant is likely to be permanently incapable of work)*	YES	NO

Evidence considered

10.
Declaration

- I confirm that I am a medical practitioner appointed by the Minister for Social Security.
- I confirm I have completed this form in accordance with the Department's current guidance for examining doctors.
- I can confirm there is no harmful information in the report.

Doctors Signature(s):

1.

2.

Date of Completion

/ /

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