

Patient Name:

HPI facility number:

Unique form ID:



MEDICAL CERTIFICATE

Personal Details

Client number

First name(s)

Surname or family name

Residential Address

Date of Birth

Is person enrolled with your practice?

Who do you consider best placed to provide this information?

Auckland

Gender

Male

Yes

Yourself

Sickness, Injury or Disability

What are the main clinical conditions affecting the person's ability to work?

READ Code	Description	Provisional	ACC
C324	Hypertlipidaemia NOS	No	No
E2C3	Impulse control disorder NEC	No	No
1462	H/O: alcoholism	No	No
1465	H/O: depression	No	No
1432	H/O: hypothyroidism	No	No

Hospitalisation

Is the person in hospital?

No

Treatment and Interventions

The following two questions relate to diagnosis rather than entitlement. Their completion is therefore optional.

Is the person receiving active treatment for any of these conditions?

Patient Name:

HPI facility number:

Unique form ID: >

Are there other interventions which could assist this person into work?

Impact on ability to work

How do the above conditions affect the person's ability to work?
inability due to unreliability due to illness

When is the person likely to be capable of:

Work planning	Over 6 Months
Training	Over 6 Months
Light / selected duties	Over 6 Months
Part time work (up to 30 hrs/wk)	Over 6 Months
Full time work (over 30 hrs/wk)	Over 6 Months

Is the person totally blind ?

No

Unable to work 30 hours per week or more?

Yes

Unable to work 15 hours per week or more?

Yes

Condition expected to last at least 2 years?

Yes

Life expectancy less than 2 years?

Unable to work from

26-04-2010

When should the person's entitlement to benefit next be assessed?

2 years

Comments

Work and Income to contact you?

Please provide any comments that would assist the case manager determine appropriate support for this person.

Health Practitioner Identity

I have discussed the information contained in this form with the person (their guardian or legal representative) and they have agreed with the information being provided to Work and Income.

HPI number	Agreement Confirmation	Yes
HPI facility number	Profession	Doctor
Full name		
Practice name	Medical Centre	
Practice address		
Telephone number		
Date person examined	22-04-2010	
Date Certified completed	22-04-2010	
Health practitioner signature	<hr/>	