Agreement on Social Security between the Republic of the Philippines and the Grand Duchy of Luxembourg

DETAILED MEDICAL REPORT

Article 8 of the Administrative Arrangement

Philippine Insurance Number

SSS No.: | | | | | | | | | | |

GSIS BP No.: | | | | | | | | | | |

Luxembourg Insurance Number

[ ]

1.	Competent Luxembourg pension insurance institution
1.1	Name
1.2	Address

2.	Person examined			
2.1	Last name	Given name	Middle name	Place of birth
2.2	Date of birth (dd/mm/yyyy)	Nationality	Sex ☐ Male ☐ Female	
2.3	Address			
2.4	Last occupation			
2.5	Date of submission of pension claim (dd/mm/yyyy)			
2.6	Date of submission of request for review on grounds of aggravation: (dd/mm/yyyy)			

3.	**Physician who drew up the report**	
3.1	Last name	______________________________
3.2	First name	______________________________
3.3	Middle name (if applicable)	______________________________
3.4	Address	
	______________________________	
3.5	Examining physician of	

4.	**Patient's history**
4.1	Medical history
4.2	Current chief complaints
4.3	Physician currently treating the patient
4.4	Current treatment
4.5	Social and employment history

4.6 Is the insured person currently gainfully employed?

☐ Yes ☐ No Number of working hours: ....

....

Type of actual employment

4.7 Accidents at work/occupational diseases

4.8 Type of last employment:

4.9 Unfit for work ☐ since (Date): ....

Cessation of work ☐ since (Date): ....

5. Findings

5.1 General physical condition

Height (in cm.) Weight (in kilos)

Nutritional condition: ☐ good ☐ overweight ☐ underweight

☐ Mucous membranes ☐ Mental status ☐ Mood

Remarks

____

____

5.2 Head

5.3 Vision

5.4	Hearing
5.5	Other sensory organs
5.6	Neck (external findings)
5.7	Review of thyroid gland
5.8	Lymphatic nodes
5.9	Others
5.10	Other sensory organs
5.11	Circulatory system
5.12	Heart
5.13	Pulse
5.14	Blood pressure (at rest)
5.15	Blood pressure (second measurement)
5.16	Peripheral blood vessels
5.17	Oedema
5.18	ECG (at rest)
5.19	Abdomen
5.20	Digestive system and linked endoabdominale organs

5.21 Liver

5.22 Spleen

5.23 Endocrine system

5.24 Genito-urinary system

5.25 Locomotor and skeletal system (if necessary use Neutral-O method, page 6)

5.26 Spine, neck and back

5.27 Upper limbs

5.28 Lower limbs

5.29 Presence of lymphatic nodes

5.30 Neurologic findings

Movements ☐ unremarkable ☐ stiff ☐ slowed ☐ weak

Gait: ☐ unremarkable ☐ ponderous ☐ impaired on right ☐ impaired on left

Reflexes

5.31 Others (Allergies, etc.)

6.	**Function and other tests (when necessary)**
6.1	Lung function
6.2	Cardiac function/exercise ECG
6.3	Doppler ultrasonography (heart and vessels)
6.4	Findings in today's X-rays examination
6.5	Earlier findings/X-ray examinations done elsewhere
6.6	Ultrasonography (abdomen, et al)
6.7	MRI and special investigations
6.8	Laboratory results
6.9	Other tests

7.	Additional sheet for further specialists findings (shall be filled out only if relevant)

8.

Diagnosis

(ICD code recommended)

9.

Summary

Course of disease

Damage to health

Functional deficits

Compared with previous report (dated)

☐ improvement ☐ worsening ☐ no change

10.
The insured person is still capable of regularly performing the following types of work: ☐ heavy ☐ average ☐ light

11.
Is re-examination necessary in the future? ☐ Yes ☐ No If yes, please state when: ....

Physician's signature	Date, Seal