

**INITIAL OF MEDICAL REPORT (FOR H.K & CG.)**

To be completed by clients MEDICAL DOCTOR (G.P.)

PATIENTS NAME: \_\_\_\_\_.

M.V.A. DATE: \_\_\_\_\_.

DATE COMPLETED: \_\_\_\_\_.

I have been treating this individual since:

This individual sustained the following injuries and impairments as a result of the above note accident:

As a result of these injuries and impairments this individual has the following limitations:

It is my medical opinion that this individual will require assistance with their housekeeping and home maintenance tasks for the following reason:

DOCTORS NAME & SIGNATURE