



Treating Doctor's Report

MLC Limited
ABN 90 000 000 402

AFSL
230694

Any charge for completion of this form is the patient's responsibility.

MLC complies with Privacy Legislation.

Policy number

1 Patient's Name

REDDY SIVA KUMAR

2 Occupation

ENGINE ASSEMBLING

3 Current diagnosis, when and how was this made?

Back Pain, Neck Pain following
work Place injury - 25/03/2014

4 Describe any new developments in the patient's condition during the period covered by this form. Please confirm whether there has been any improvement or deterioration in the patient's condition.

Patient still having back,
neck, shoulder pain, leg pain
and headache in same intensity.

5 What treatment is the patient currently receiving?

Cymbalta 30mg daily, Endep 20mg
nocte, Lyrica 300mg b.d,
Palexia SR 100mg b.d,
Physiotherapy, Counselling.

6 Have you referred the patient for further opinion, treatment or tests?

Yes ☒ Please provide the name, address and field of
speciality below

No ☐ Please advise below when you consider this may
become appropriate

Dr John Monagle - Pain Specialist
Dr Malvin Pinto - Psychiatrist
Dr Chris Xenos - Neurosurgeon
Dr Girish Nair - Neurosurgeon
Dean Harrop - Physiotherapist.
Randolf Monteiro - Psychologist.

7 Date of the patient's most recent consultation with your practice prior to completion of this form.

16 / 02 / 2015

8 How often are you seeing the patient?

Usually Once in two weeks time.

9 Date of next appointment

- / /

10 Is the patient currently totally disabled and unable to work?

No ☐

Yes ☒

Please detail which work duties is the patient unable to do?

works that involve bending neck,
back, standing / sitting for long
time. Unable to heavy lifting.

11 How long will the patient be continuously totally disabled that they are unable to attend to their usual occupation or attend to any business affairs whatsoever?

Unable to provide exact
time period.

12 When will the patient be fit to return to work?

Full Time

Part Time

Unable to provide time period.

13 In respect of the patient's medical condition, have you completed any certificates for any other insurance company or in connection with Worker's Compensation, Centrelink or any other organisation/provider?

No ☐

Yes ☒

Please provide details below

For Whom?

Centrelink - Disability Support
U4G Pension