

# Confidential medical report – varicose veins.

## Notes to help you

Please use black ink and write in CAPITAL LETTERS or tick as appropriate.

All questions to be answered.

Any corrections must be initialled.

If there is insufficient space on the form please use a separate sheet.

**This medical report should be completed by the patient's general practitioner or consultant.**

### Patient details

Patient name

Patient address




Postcode

Policy/scheme number

Date of birth

D	D	M	M	Y	Y	Y	Y
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### Section 1 – History of the condition and the treatment received

1. What is the provisional diagnosis? (Please include an ICD 10 code, if available)

2. Which of the following symptoms or conditions are present?

- Visible varicose veins with no symptoms?
- Varicose veins causing pain and swelling affecting mobility or normal functioning (that have not responded to conservative management)
- Threatened or existing venous ulceration due to venous insufficiency
- Oedema of ankles, dermatitis or pigmentation of skin due to venous hypertension
- Phlebitis or thrombophlebitis
- Bleeding through the skin from a varicosity

Please provide details of the above

## Section 1 – History of the condition and the treatment received – continued

3. Please provide a full history of the condition, including the date(s) of onset

4. Has the patient been treated in the past for this or a related condition?

Yes  No

If YES, please give details of:

a) Any previous out-patient treatment

b) Any previous surgery

c) Any history of DVT in the affected leg/legs

5. What investigation and/or treatment is the patient currently undergoing/receiving?

a) Please give full details of any medication

b) What investigations have been done? Please provide details of the results of these investigations to date

c) What other treatment has taken place? What response has there been to treatment?

## Section 2 – Future treatment

6. What is the proposed plan for future treatment?

7. Is there any additional information that may be relevant?

**Declaration: I confirm that I am the patient's general practitioner/consultant**

Name

Qualifications

Address

  
  

Postcode

Daytime telephone number

Mobile number

Signature

Date

D	D	M	M	Y	Y	Y	Y
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## Medical Practitioner's details

Please ensure that you have completed all the necessary details of your practice below. This will serve as your account. If you would prefer to submit a separate invoice, please attach your account to this form.

Name

Full postal address

<input type="text"/>
<input type="text"/>
<input type="text"/>

Telephone number

GMC registration number

To help us pay you more quickly, please complete the details below:

Name of account holder

Account number

Sort code

 -  - 

Name of bank

Signed

Date

D	D	M	M	Y	Y	Y	Y
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**Membership number:**

**Authorisation number:**

**Information requested:**

Please return this completed form to us:

■ By post: PruHealth  
Medical Management  
Stirling FK9 4UE

■ By fax: 0800 096 4222

## Consent to access a medical report

We need a medical report to assess the eligibility of your request for authorisation. Before we can ask any doctor or other healthcare provider that you have consulted to complete a report, we need your permission under the Access to Medical Reports Act 1988.

### Your rights

Your rights under the Act are as follows:

1. You can ask to see the report before the doctor or other healthcare provider returns it to us. If this is the case, we will tell them to keep the report for 21 days so that you can arrange to see it. If you have not made arrangements to see the report within this time, they will send the report to us.
2. If you choose not to see the report at this stage, you may ask the doctor or other healthcare provider for a copy within six months of it being sent to us. We can send a copy of the report to them if you ask to see it at a later date.

3. If you think that any part of the report is not correct or is misleading, you may ask the doctor or other healthcare provider to amend it. If they refuse to make the amendments, you may ask him or her to attach a statement outlining your views, which will then accompany the report.
4. Your doctor or other healthcare provider can withhold access to the report if he or she feels that it would cause physical or mental harm to you or others. They will let you know if this is the case.
5. You do not need to give your permission but, if you do not, we may not be able to authorise payment for your treatment.

**If you have any questions about your rights under the Act, or questions relating to the process of getting, accessing or storing medical information please write to: The Senior Medical Officer, Prudential, Stirling, FK9 4UE**

## Declaration

- I agree to PruHealth asking any doctor or other healthcare provider that I have consulted about my physical or mental health to provide medical information so that you may assess my request for authorisation.
- I agree to this information being used in confidential management information for business analysis, in accordance with the Data Protection Act 1998 and other applicable data protection legislation.

- I have read and understood my rights under the Access to Medical Reports Act 1988.
- I agree that a copy of this consent shall have the validity of the original.

I **DO NOT** want to see the report before it is sent to PruHealth

I **DO** want to see the report before it is sent to PruHealth

Name

Signature

Date

D	D	M	M	Y	Y	Y	Y
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