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DOCTOR'S QUESTIONNAIRE

This form can be filled out online and then printed.

www.pkrueck.com > Downloads > Kundenformulare > Doctor's questionnaire

GENERAL DETAILS

Name of pension institution _____

First name / Name of insured person _____

Date of birth of insured person _____

Address of insured person _____

Employer _____

Excerpt from patient history commencing _____ (dd/mm/yyyy)

CAUSE OF UNFITNESS TO WORK

Diagnosis with ICD code _____

Diagnosis with influence on incapacity for work _____

Diagnosis without influence on incapacity for work _____

When was the diagnosis made? _____ (dd/mm/yyyy)

In the case of an accident:

Date of accident _____ (dd/mm/yyyy) Type of accident _____

Was the accident caused by a third party? ☐ Yes ☐ No

OUTPATIENT TREATMENT

By you from _____ (dd/mm/yyyy) to _____ (dd/mm/yyyy)

Prior to you by Dr _____ in _____ since _____ (dd/mm/yyyy)

Following you by Dr _____ in _____ since _____ (dd/mm/yyyy)

How long have you known the patient? _____ (dd/mm/yyyy)

Is the insured person receiving regular treatment from you? ☐ Yes ☐ No

If yes, why? _____

INPATIENT TREATMENT

Where? _____

Date of admittance _____ (dd/mm/yyyy) Date of discharge _____ (dd/mm/yyyy)

ANAMNESIS AND PROGRESSION OF THE CASE

_____

_____

Type and duration of treatment _____

Medication (including dosage) _____ ☐ none

Possible earlier illnesses and accidents _____

_____

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DEGREE AND DURATION OF UNFITNESS TO WORK

Definition of "Unfitness to work": Unfitness to work is the full or partial inability to perform acceptable duties in the individual's previous occupation or area of activity caused by impairment of physical, mental or psychiatric health.
In the event of a longer duration acceptable employment in another occupation or area of activity will also be taken into consideration (Article 6 ATSG – Allgemeiner Teil des Sozialversicherungsrechts [General Section of the Swiss Federal Social Insurance Act1).

Degree and duration of unfitness to practice previous profession since occurrence of the first symptoms (independent of the employment market and economic situation in the case of 100% level of employment):

_____ % from _____ (dd/mm/vvvv) to _____ (dd/mm/vvvv)
_____ % from _____ (dd/mm/vvvv) to _____ (dd/mm/vvvv)
_____ % from _____ (dd/mm/vvvv) to _____ (dd/mm/vvvv)
_____ % from _____ (dd/mm/vvvv) to _____ (dd/mm/vvvv)

OTHER ACCEPTABLE OCCUPATION/WORK

Does any other kind of acceptable work come into question? ☐ Yes ☐ No
Is the insured person working in a new occupation? ☐ Yes ☐ No
If yes, which one? _____ since _____ (dd/mm/vvvv)
Degree of disability in the new occupation _____ % from _____ (dd/mm/vvvv) to _____ (dd/mm/vvvv)

DI / LAI / FMI

Has a report been made to the DI agency (early recognition)? ☐ Yes ☐ No If yes, when? _____ (dd/mm/vvvv)
If no, why not? _____
Has a notification been made? ☐ Yes ☐ No If yes, when? _____ (dd/mm/vvvv)
If yes, to whom? ☐ DI ☐ LAI ☐ FMI
Date of report / notification _____ (dd/mm/vvvv)

RESUMPTION OF THE OCCUPATIONAL ACTIVITY

Can a resumption of the occupational activity or an increase in fitness to work be expected? ☐ Yes ☐ No
If yes, from _____ (dd/mm/yyyy) at _____ %
Would occupational measures or case management make sense? ☐ Yes ☐ No
If yes, in what form? (e.g. retraining, coaching,vocational consultation) _____
_____
How do you estimate the prognosis? _____

Please send us copies of existing reports.

SPECIAL ISSUES, COMMENTS

_____
_____

Place, Date: _____ Stamp, Signature: _____

Doctor's fees:

Medical report	CHF	45.-
Medical report with further details	CHF	65.-

Please send the doctor's certificate and bank deposit slip to: **PKRück, Vertrauensärztlicher Dienst, Zollikerstrasse 4, Postfach, 8032 Zürich**