

# Group Benefits Attending Physician's Update

The purpose of this statement is to assist Manulife Financial in the ongoing management of your patient's claim for disability benefits. When completing this form, please include sufficient details of history, physical and diagnostic findings, clinical course, therapy, and response to enable Manulife Financial to make this decision.  
**YOUR PATIENT WOULD APPRECIATE THE COMPLETION OF THIS FORM AS SOON AS POSSIBLE, OTHERWISE, THERE MAY BE A DELAY IN THE PROCESSING OF THIS CLAIM.**

## 1 Patient authorizationstanding

Patient's signature	Date (dd/mmm/yyyy)
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a) Primary

b) List any additional conditions or complications.

c) Subjective symptoms

**Based on objective findings that is patient's physical level of ability for**

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*Please provide copies of consultation reports, test results (include copies of current x-rays, EKGs or laboratory data and any relevant data) and list all abnormal findings supporting the above restrictions.*

Remarks

		Moderate	
<input type="radio"/> concentration			
<input type="radio"/> analytical reasoning			
<input type="radio"/> learning new material			
<input type="radio"/> comprehension			
<input type="radio"/> social interaction			

Yes  No

