15.

## Important Information for the Expert

- You can download this form as well at the Internet address of Bezirksregierung Düsseldorf (<a href="http://www.brd.nrw.de">http://www.brd.nrw.de</a>) and complete it on the computer. After having dialed the Internet address, you will find this form under Aufgaben, Abteilung 1, Dezernat 15 Wiedergutmachung, Vordrucke, Kurgutachten.
   You are kindly asked to advise the claimant that only the Bezirksregierung Düsseldorf takes decisions regarding the
- You are kindly asked to advise the claimant that only the Bezirksregierung Düsseldorf takes decisions regarding the
  granting of the cure as well as in respect of its kind, place, beginning and length.
   Therefore, neither the confidential medical adviser nor other authorities will be able to comment on these questions.

3.	Therefore, neither the confidential medical adviser nor other authorities will be able to comment on these questions.  Due to the fact that the diagnosis of the complaints recognized as being persecution related is stated and clear, would you please limit the examination to the extent necessary for a determination of the claimant's need and ability regarding				
	<u>a cure.</u>				
	Place Date				
	<b>Medical Expert Opinion</b>				
	Concerning the granting - of a cure -				
wit	hin the framework of therapies under the Federal Indemnification Law (BEG)				
abo	ut Mr. / Mrs.				
	n on in ress				
date	implaints recognized as being persecution related (according to the submitted deci-sion/arrangement/verdict ed ) secution related impairment of earning capacity (vMdE) %				

## A. Anamnesis

1. State of health (particularly with respect to the progress of the complaints recognized as being persecution related, other particular diseases, accidents, etc.):

2.	Treatment up to now (physi	cian's and hospit	al attendances wit	h dates):				
3. Every cure, made during the last three years, <u>regardless its paying authority:</u>								
	from	to	in					
	from	to	in					
4.	Actual complaints:							
	B. Findings							
Date	e of examination:							
Age	e: Height: ritional condition:	cm		sed/undressed):	kg			
Ivui	ittional condition.		State of stren	gui.				
	Blood pressure: mm Hg (Riva-Rocci method) Pulse: /min. Sedimentation rate (Westergren method):							
Uriı	ne status:							
Blo	od count (if not resulting fro	m the attending p	hysician's certific	rate):				

relat		i imamga iii	general, with special reference to the complaints recognized as being persecution
			C. Denotation of Complaints
Exis	sting disc	orders (comp	laints recognized as being persecution related and others):
			D. Assessment
	persecu	tion related (	absolute necessity of a cure, in order to improve the complaints recognized as being (possibly indicate which of them), or could the same recovery success be obtained by means (treatment on an in-patient or out-patient basis, use of spa remedies at home,
	_		table condition to undergo treatment at a health resort, or do there exist any contra- xicosis, cardiac decompensation, etc.)?
	a)	Which kind	of cure do you recommend ?
			Independent balneotherapy
			Independent climatotherapy
			Balneotherapy in a sanitarium
			Climatotherapy in a sanitarium

3.	is the patient able to travel alone?	yes / no		
	If not:			
	Does the patient need an attendant  a) only on the outward and return  b) during the entire cure?	n-journey?		
	Reasons:			
4	Health resorts suggested:			
٦.	ricalli resorts suggested.			
5.	Additional remarks:			
			Place	Date
			(Physician's siç	nature)
			(, s.s.a 3 sig	,