

ATTENDING PHYSICIAN'S STATEMENT FOR CRITICAL ILLNESS

(A qualified and registered medical practitioner who had attended the Life Assured during the period of his Critical illness should complete this form. A Policy Holder or Life Insured who is himself / herself a medical practitioner as also the spouse or near relative of a Policy Holder/Life assured and who is a medical practitioner is not allowed to fill up this form)

PART I-GENERAL INFORMATION

- 1) Name of the patient : _____

- 2) a) Date of Birth :

D	D	M	M	Y	Y	Y	Y
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 b) Age:

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- 3) Are you the patient's usual doctor? If "yes", please give the following details.
- a) Since when have you known the patient :

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 Yrs
- b) Is the patient related to you? If yes, how? : _____
- c) Dates of consultation :

D	D	M	M	Y	Y	Y	Y
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- d) Diagnosis arrived at : _____
- 4) Was the patient referred to you by another doctor or hospital? If "Yes", please state:
- a) Name of doctor/ hospital : _____

- b) Address & contact number of doctor/hospital : _____

PART II - Details of the illness complained

- 5) Please fully describe the nature of illness and the Diagnosis- (Please attach original reports where applicable).
- a) Date and details of first symptoms :

D	D	M	M	Y	Y	Y	Y
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- b) Details of past history : _____

- c) Investigations done/ advised to be done / laboratory tests undergone : _____

- d) Details of Treatment Given: Medical/surgical/ Hospitalization/Conservative : _____

- e) Final Diagnosis (please include any specialist/lab reports) : _____

- f) If surgery performed, please describe fully the date on which it was performed and the nature of the surgery :

D	D	M	M	Y	Y	Y	Y
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- g) Describe any other disease or infirmity affecting present condition : _____
