For office use only
SR No.

Medical report

Medical Underwriting (19).

Please complete in BLOCK CAPITALS and in black ink.

Date Requested

Name

Policy number

Date of birth

Member Number

1. How long have you been the Medical Attendant for this patient?

2. Please advise from what date the records you possess for this patient commence.

3. Is the patient presently receiving any prescribed drugs or any other treatment? yes no

4. If yes, please give details including date commenced.

Nature of treatment	Date commenced	Reason

5. We understand that your patient has suffered from the following condition(s). Please give the full history overleaf. Can you also advise us of any other condition(s) of note that you feel are relevant to their present, or future, state of health.

Please see overleaf

5. (continued)
All information relating to consultations should be dated DD/MM/YY. Failure to answer all the questions on this form can delay our decision and payment of your fee.

Dates and duration	Nature of illness or accident	Treatment, results of test and investigations, X-rays, etc...	Present state of health/prognosis, and details of any future treatment planned

6. Please provide copies of any relevant referral/specialist correspondence

7. I declare to the best of my knowledge and belief that the information given in this report is true and complete.

Doctor's signature:

Doctor's name:
(Please print)

Date:

Cheques payable to: