

Medical Report – Confidential

1. General:

- When did the Life Insured first consult you for this condition?

D	D	M	M	Y	Y	Y	Y
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- What were the symptoms and when did they first occur?
Symptoms presented at first consultation / Date Symptoms First Started

D	D	M	M	Y	Y	Y	Y
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- Has the patient ever had the same or a related condition? Yes / No
If 'yes', please give dates and details of consultations and diagnosis

D	D	M	M	Y	Y	Y	Y
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- To your knowledge, is there a family history of cancer ?
- Please give details on the patient's past and present smoking habits

2. Disorder and treatment

- Please state the exact diagnosis of the Life Assured's condition? Yes / No
- Were any investigations done to confirm the diagnosis? Yes / No
If yes, please provide details. _____
- Is the tumour benign or malignant?
- Is this relapse or a recurrence of a previous tumor? Yes / No
- If malignant please specify the stage : _____
Carcinoma in situ / Early / Major /Advanced
- Please give details : _____
Tumour site : _____
Staging as per histopathological report : T : _____ N : _____ M: _____
Grading: I / II / III / IV
Any other staging: _____
- Has the tumour spread to any other organs?
- Please provide details of any chemotherapy/radiotherapy/immunotherapy or any other treatment?
- Was there any surgery done? If yes, please provide date of surgery and details of type of surgery?
- Please provide details of any remaining treatment planned in coming weeks/months?
- Any additional information you wish to provide:

I hereby declare that the above statements are true and complete to the best of my knowledge.

Signature and Seal of Medical Attendant

Name: _____

Registration No.: _____

Qualification: _____

Address: _____

Telephone Number: _____

Date: _____ Place: _____

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