

We thank you for applying for an HDFC Life Insurance Policy. To enable us to assess your application, kindly get this form completed and duly signed by Life to be Assured's Attending Physician.

Application No / Proposal No	
Name of Life to be Assured	

1. For how long have you been treating the patient?	
2. What is the exact diagnosed condition?	
3. Has kidney stone ever been diagnosed? If yes, kindly mention site of stone.	
4. What was the date of diagnosis?	
5. Kindly provide cause of underlying condition.	
6. Has patient ever undergone investigation(s) including IVP, cystoscopy, X-ray, KUB, blood test(s) or any other investigation(s) done? If yes, kindly mention date(s) of investigation(s) and results thereof.	Yes / No
7. What are the results of recent renal function tests (RFT), previous and current GFR?	
8. Kindly answer the following regarding symptoms.	
8.a) Describe exact symptoms.	
8.b) How frequently do symptoms occur? E.g. How often in the last 12 months?	
8.c) When was the last occurrence of symptoms?	
9. Has the patient ever undergone nephrectomy? If yes, please mention date of operation, investigation undergone and health status post operation.	Yes / No
10. Has the patient ever undergone or has been recommend to undergo operation/ lithotripsy? If yes, please mention date of operation, investigation undergone and health status post operation.	Yes / No
11. Has the patient ever been hospitalised? If yes, please mention date(s) and reason for hospitalisation and treatment received.	
12. Kindly provide treatment prescribed including name(s), dosage and frequency of medication(s).	<u>Current</u>
	<u>Past</u>
13. Is the patient still under medical supervision? If yes, kindly mention date of last consultation, latest health status and frequency of follow up.	Yes / No

14. Date of last consultation.	
15. Is the patient diagnosed with any of following conditions? If yes, please mention date of diagnosis and treatment received.	
a) Edema	Yes / No
b) Elevated Serum Creatinine	Yes / No
c) Hypertension/ elevated blood pressure	Yes / No
d) Heart or circulatory trouble	Yes / No
e) Proteinuria	Yes / No
f) Haematuria	Yes / No
g) Diabetes/ elevated blood sugar	Yes / No
h) Urinary Tract infection	Yes / No
16. Does the patient have any evidence/ signs of early renal failure? If yes, please mention evidence indicating early renal failure and current health status.	Yes / No
17. Has the patient ever received dialysis? If yes, please mention date(s) and how frequently dialysis is required.	Yes / No
18. Kindly provide any other information that may be useful to assess the patient's health status with full details.	

Signature of attending
Physician who has completed
this report.

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Date:.....
Place:.....

Name of the attending Physician :	
Address:	
Registration Number & Qualifications:	
Telephone Number:	
Stamp & Seal	

HDFC Life Insurance Company Limited. CIN: L65110MH2000PLC128245. IRDAI Registration No. 101.

Regd. Off: 13th Floor, Lodha Excelus, Apollo Mills Compound, N.M. Joshi Marg, Mahalaxmi, Mumbai - 400 011.

For queries or more information, call us on **1860-267-9999** (Local charges apply). DO NOT prefix any country code e.g. +91 or 00. Available Mon-Sat from 10 am to 7 pm |

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