

**Attending Physicians Statement for Nervous Disorder Q – 2.1  
(includes anxiety, stress, depression, etc.)**

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

Application No. / Proposal No.	
Name of Life to be Assured	

1. Please state the diagnosed condition.	
2. What was the date of onset of the condition?	
3. Kindly answer following regarding symptoms.	
3.a) What were the presenting symptoms?	
3.b) What is the current mental state?	
3.c) What is the frequency of attacks and number of episode(s) suffered?	
3.d) What is the frequency of attacks in the last 12 months?	
3.e) Any specific stimulating factor, which triggers symptoms?  If yes, kindly mention the stimulating factor.	Yes / No
3.f) Did the illness develop as a reaction to particular circumstances?  If yes, please mention exact circumstance.	Yes / No
4. Please mention treatment prescribed including name, dosage and frequency of medication(s).	Current
	Past
5. Kindly answer following regarding monitoring of condition.	
5.a) Date of last consultation.	
5.b) Has patient ever been an in-patient at a hospital or clinic?  If yes, kindly mention date(s), duration and treatment received.	Yes / No
5.c) Has your patient ever been referred to a specialist?  If yes, please mention reason for referral to specialist.	Yes / No

6. Has there been any suicidal tendencies or attempt to commit suicide?  If yes, please give date of occurrence and treatment received by the patient.	Yes / No
7. Has the patient ever suffered any alcohol or substance abuse?  If yes, please mention exact condition suffered.	Yes / No
8. Are there any other relevant features? Eg. family history of mental illness, criticism of habits, etc.  If yes, please mention the same.	Yes / No
9. Please provide any additional information on your patient's condition, which you feel, will be helpful.	

Signature of Attending Physician  
who has completed this report

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 |

Email - [service@hdfclife.com](mailto:service@hdfclife.com) | [nriservice@hdfclife.com](mailto:nriservice@hdfclife.com) (For NRI customers only) | Visit - [www.hdfclife.com](http://www.hdfclife.com)