

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 the Life to be Assured's attending Obstetrician / Physician.

Application No./ Proposal No.			
Name of Life to be Assured			
How long have you been the Observation of the patient?	stetrician /		
2. When was last menstrual period	?		
3. What is expected date of delivery	<i>y</i> ?		
4. Please give us with complete Obhistory of the patient (history of a miscarriages/ Ectopic pregnancie Caesarean section/ any other complications)	ny		
5. Is the current state of pregnancy If no, kindly provide us with detail status of pregnancy.		Yes / No	
6. Please mention details of the trea including name, dosage and freq medication(s) prescribed.			
7. Any history of previous childbirth  If yes, whether it was normal or a		Yes / No	
8. Please mention the nature of invectoried out including BP readings ultrasonography and the results to	s, lab tests,		

9.	<ol><li>Please state the Blood Group of the patient with Rh factor.</li></ol>				
10.	10. Does the patient suffer from any known complications like Diabetes, Gestations Diabetes, Hypertension, Proteinuria, Anaemia, Edema, Eclampsia, etc.				
11. Does the foetus show normal cardiac activity and growth for duration?		;			
12.	What is the prognosis?				
<ul><li>13. Do you consider this as a high-risk pregnancy for any reason?</li><li>If yes, please mention reason for high-</li></ul>		า-	Y	es / No	
	risk of pregnancy.	•			
14. Name, address and telephone number of the Doctor / Hospital where the patient is registered or proposes to register for delivery.					
15.	Please provide any additional details which you consider, are relevant.	,			
Obs	nature of attending stetrician / Physician who completed this report				Date: Place:
Ph	me of the attending Obstetrician / ysician who has filled this report. dress				
	gistration Number & Qualifications				
Telephone Number					
Sta	amp & 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 | nriservice@hdfclife.com (For NRI customers only) | Visit - www.hdfclife.com