

Attending Physician's Statement for Epilepsy Q – 2.2



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 Physician.

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

1. For how long you have been the patient's physician?	
2. Kindly state the precise condition diagnosed.	
3. Has epilepsy been described of any particular type? If yes, please provide exact type of epilepsy.	Yes / No
4. Please comment on the results of all investigations including any CT scans carried out and results thereof.	
5. Kindly provide answer to following regarding the frequency and severity of patient's attacks.	
a) Please describe the nature of attacks.	
b) Are you aware of any specific stimulating cause for attacks? If yes, please mention stimulating cause.	Yes / No
c) How long does each attack last?	
d) How frequently do attacks occur? E.g. How often have they occurred in last 12 months?	
e) What was the date of last attack?	
6. Is the patient prevented from holding a driving license or are any activities restricted in any other way due to epilepsy? If yes, please mention activities restricted.	Yes / No
7. Please mention treatment provided, including names of medication (e.g. Epilim, Epanutin, Zaptol, etc), dosage and frequency.	<div style="border-bottom: 1px solid black; padding-bottom: 5px;">Current</div> <div style="padding-top: 5px;">Past</div>

8. How often is the patient required to attend for follow-up?	
9. What was date of last consultation?	
10. Kindly provide any other information that may be relevant.	

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 | nriservice@hdfclife.com (For NRI customers only) | Visit - www.hdfclife.com