

Attending Physician's Statement for Deformity

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 have you been the patient's physician?	
2. State the type of deformity.	
3. Kindly tick on underlying cause of the deformity?	<input type="checkbox"/> Since birth/Congenital <input type="checkbox"/> Due to infection or disease <input type="checkbox"/> Due to any injury/Accident <input type="checkbox"/> Related to any blood vessel disease <input type="checkbox"/> Any other, specify.....
4. Which part of the body is affected?	
5. What is the degree of disability?	
6. Is there any residual paralysis? If yes, please name part of the body and extent of paralysis.	Yes / No
7. Is there any wasting of muscles? If yes, please name parts of the body affected by thinning of muscle.	Yes / No
8. Is the deformity stationary or progressive?	<input type="checkbox"/> Stationary <input type="checkbox"/> Progressive
9. Is the patient capable of carrying out day-to-day activities? Please answer the following regarding day-to-day activities.	Yes / No
9. a) Is the patient able to squat?	Yes / No
9. b) Is patient able to walk without difficulty?	Yes / No
9. c) Does the patient use any walking aid i.e. crutches/ calipers etc.?	Yes / No
9. d) Does the patient use wheelchair ?	Yes / No
9. e) Is the patient able to run fast?	Yes / No
9. f) Is the grip of the patient's hands firm?	Yes / No

10. Is the thumb bone or any other bone of the leg affected? If yes, please mention exact affected body part.	Yes / No
11. Has the patient ever been diagnosed with the following? If yes, please mention date of diagnosis and treatment received.	
11.a) Urinary tract infection?	Yes / No
11.b) Respiratory disorder?	Yes / No
11.c) Does patient have normal bowel function?	Yes / No
12) Kindly mention treatment details including name, dosage and frequency of medication(s).	
13) Please provide any additional information apart from the above, which will enable us in better assessment.	

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 [Formerly HDFC Standard Life Insurance Company Limited] (HDFC Life).
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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