

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.

Please note: Wherever examples are provided, they are not intended to be complete list.

Application No / Proposal No	
Name of Life to be Assured	

**PART A**

1. How long have you been the physician of the patient?	
2. When was the growth / cyst(s) / lump(s) / tumour(s) first diagnosed?	
3. Please state the precise diagnosis	
4. In which part of the body was it situated?	
5. Kindly answer following regarding investigation(s) carried out.	
a) Has the patient ever undergone any investigation(s) including Xray, CT scan, MRI, blood tests, etc.?  If yes, please mention investigation(s) undergone and results thereof.	Yes / No
b) Has the patient ever undergone investigations(s) including biopsy, histopathology reports?  If yes, please mentioned investigation(s) undergone and results thereof.	Yes / No
6. Has the growth / cyst(s) / lump(s) / tumour(s) been removed?  If no, kindly provide detail of proposed treatment / surgery recommended.  If Yes, kindly answer following questions from (a) to (e).	Yes / No
a) Provide details of investigations including biopsy/hystopathology reports carried out at the time of surgery and results there of.	
b) Mention exact treatment/surgery carried out for removal of growth /cyst(s) /tumor(s).	
c) Date of removal of growth /cyst(s) /tumor(s).	
d) Method of removal. e.g. local anaesthetic, cryosurgery, operation with general anaesthetic, etc.	

e) Mention detail of biopsy/ hystopathology report findings after the removal of the growth/ cysts/ tumors.	
7. Is the patient still under medical supervision?  If yes, please mention last date of consultation and health status at the time of consultation.	Yes / No

**PART B**

1. What was the histological type and grade of tumor(s)? If in situ only, please confirm that there was no stromal infiltration.	
2. Please provide details of the staging of the tumor:	
a) Is/ was tumor(s) completely localized to the tissue or organ of origin? If no, kindly state tissue or organ tumour(s) spread.	Yes / No
b) Is/was there invasion of tumour(s) to adjacent tissues? If yes, please state which tissue.	Yes / No
c) Is/ was there involvement of regional lymph nodes? If yes please state site(s) and number of nodes involved.	Yes / No
d) Has any metastasis being observed? If yes, please mention part(s) of body where metastasis is observed.	Yes / No
3. Has the patient ever suffered from breast cancer? If yes, please indicate the size of the primary tumour.	Yes / No  a) < 2 cm    b) 2-5 cm    c) >5 cm
4. Has the patient ever suffered from any of the below tumour(s)? If yes, kindly mention tumour(s) suffered and approximate classification of the same.	Yes / No
a) Bladder carcinoma.  If yes, provide Marshall/TNM classification.	Yes / No
b) Colonic carcinoma- Dukes'  If yes, provide Dukes' classification.	Yes / No
c) Invasive cervical carcinoma- FIGO/TNM  If yes, provide FIGO/TNM classification.	Yes / No
d) Skin melanoma-Clark level/tumour thickness  If yes, provide Clark level classification and tumour thickness.	Yes / No

5. Has the patient ever been given treatment including radiation therapy, chemotherapy, endocrine therapy, medication, etc. If yes, please answer to question from (a) to (e) below. If no, answer to question (6) onwards.	Yes / No
a) Has the patient ever given any medication(s)? If yes, please provide name of medication(s), dosage and frequency.	Current:
	Past:
b) Has the patient ever given any irradiation? If yes, please give the dates and details of fields treated.	Yes / No
c) Has the patient ever been given any chemotherapy? If yes, please give the dates and details of drugs used.	Yes / No
d) Has the patient ever given any endocrine therapy? If yes, please give the dates and details of agents used.	Yes / No
6. Has there been any recurrence or relapse?  If yes, kindly mention,	Yes / No
	Dates
	Site(s)
	Treatment
7. Please provide the name and address of the consultant/ hospital your patient attends for follow-up, and the date of the last consultation.	
8. Has the disease been totally eradicated?  If no, kindly mention current health status.	Yes / No
9. Please provide any additional information, which you feel, will be helpful.	

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	