

Attending Physicians Statement for Renal Transplant Q- 2.1

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. Kindly answer the following regarding renal transplantation.	
a) Tick on number of renal transplantation(s) undergone by the patient?	<input type="checkbox"/> One <input type="checkbox"/> Two <input type="checkbox"/> Three or more
b) What were the date(s) of transplantation?	
c) Tick on type of donor of the present graft	<input type="checkbox"/> Identical twin <input type="checkbox"/> Cadaver <input type="checkbox"/> Living donor
d) Mention the exact diagnosis, which led to "end-stage renal disease/renal failure".	
2. Kindly answer the following regarding Graft function	
a) Has dialysis become necessary since transplantation? If yes, please mention the date of last dialysis.	Yes / No
b) How would you rate the quality and stability of graft function as assessed in the last 12 months?	<input type="checkbox"/> Good <input type="checkbox"/> Impaired <input type="checkbox"/> Stable <input type="checkbox"/> Deteriorating <input type="checkbox"/> Any other, specify.....
3. Kindly answer the following regarding Graft rejection	
a) Excluding first 6 postoperative months, were there ever any attacks of acute rejection within the last 12 months? If yes, kindly mention number of attack(s) of acute graft rejection within the last 12 months.	Yes / No
b) Was there any chronic rejection or graft glomerulonephritis?	Yes / No
4. Has there ever been any renal vascular lesions condition like significant renal artery stenosis, occlusion, etc. diagnosed? If yes, please mention exact diagnosed condition.	Yes / No
5. Has the patient ever been diagnosed of diabetes?	Yes / No
6. Kindly answer the following regarding maintenance with immunosuppressive medication(s)/agent(s).	
a) Is the patient currently on immunosuppressive medication(s)/agent(s)? If no, kindly mention the reason for not continuing immunosuppressive medication(s)/agent(s).	Yes / No

b) If the applicant is currently on immunosuppressive medication(s)/agent(s) kindly mention the name, dosage and frequency.	Azathioprine		
	Steroids		
	Cyclosporine		
	Other medication(s)		
c) Has the applicant ever suffered from any side effect(s) of immunosuppressive medication(s)/agent(s)? If yes, mention i) exact side effect(s) suffered ii) treatment received iii) Is side effect(s) still persisting iv) If side effect(s) progressive or stationary	Yes / No		
d) Is there any long-term treatment besides maintenance with immunosuppressive medication(s)/agent(s)? If yes, please mention the exact treatment including name, dosage and frequency of medication(s).	Yes / No		
7. Is the patient suffering from any associated diseases E.g. cardiovascular risk factors or diseases, renal anaemia, renal osteodystrophy, etc? If yes, please mention the exact diagnosed condition and treatment provided.	Yes / No		
8. Please answer the following regarding the follow up treatment and care.			
a) Is follow up done at a specialist renal unit? If yes, mention the date of last check ups?	Yes / No		
b) Is the patient under medical supervision with nephrologist by whom renal transplantation was carried out? If yes, please mention the date of last check up?	Yes / No		
c) Is the patient under medical supervision with any other specialist? If yes, please mention, i) Name, address and contact number of specialist ii) Last date of check up iii) Health status at that time of last consultation	Yes / No		
9. Kindly answer following regarding investigation findings on last examination.			
Tests	Dates	Results	Reference values
Blood Pressure			

Urine findings a) Protein b) Sugar c) Sediment			
Serum Creatinine or creatinine clearance			
Liver enzymes			
Blood Count Report Haemoglobin (or haematocrit) White cell count (differential count)			
HIV- test			
Other findings			

Signature of Attending
Neurologist/Physician who
has completed this report

Date:.....
Place:.....

Name of the Attending Neurologist/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 |

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