

**Attending Physicians statement for respiratory disorders including asthma, bronchitis, emphysema, etc. Q -3.3**



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 has been the patient's physician?				
2. Please state the precise diagnosis.				
3. Kindly mention the date of onset.				
4. Please provide the frequency and severity of attacks / symptoms.	Date	Duration	Treatment	Time off work
5. Is there any limitation of functional capacity or exercise tolerance including ability to work?  If yes, please mention the dates and duration of any time, off work.	Yes / No			
6. Please provide the dates and results of pulmonary function tests: Peak flow, FEV1 and Vital capacity.	Date	PEF	FEV1	FVC
7. Please provide the dates and results of Chest X-rays, Pulmonary Function Tests, CT scan, Blood tests or any other investigations done.				
8. Kindly answer the following regarding symptoms.				
8.a) Describe the exact symptoms.				
8.b) How often do the symptoms occurs?				
8.c) Has there ever been any history of nocturnal symptoms? If yes, state the date, frequency and severity of attack.	Yes / No			

8.d) Are you aware of any specific stimulating cause, which trigger your symptoms? E.g. exercise, stress, allergy. If yes, please mention the cause.	Yes / No
9. Kindly answer the following regarding treatment prescribed.	
9. a) Please mention the treatment prescribed including name, dosage and frequency.	Current
	Past
9. b) Has the patient required to use inhaler. If yes, please mention how often?	Yes / No
9. c) Has oral steroid Prednisolone or cortisone been prescribed for treatment? If yes, please mention the names dosages and frequency of medication(s).	Yes / No
10. Does the patient smoke cigarettes/ bidis? If yes, please provide the number of units per day.	Yes / No
11. Was hospitalisation ever done on account of condition? If yes, please mention exact reason and treatment provided.	Yes / No
12. Has cancer, tumor or polyp ever been diagnosed? If yes, please mention condition diagnosed.	Yes / No
13. Are you aware of any health condition that may complicate the condition? If yes, please mention condition diagnosed.	Yes / No

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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