

Medical Information

To,
Kotak Mahindra Old Mutual Life Insurance Company
HO Mumbai

Please find the medical information as required by your company which would be of assistance to my patient with whom there is a life insurance claim with your company. The details are as follows:

Name of Life Insured:	
Gender:	
Address:	
IPD / OPD:	
Registration No:	

➤ When was the insured referred to you and for what and by whom?

➤ What had you treated the insured for?

➤ Whether you had seen the insured for the first time or had you seen him earlier also?

➤ What was the treatment advised and whether any surgery or hospital admission advised by you?

➤ Please provide the dates and the first date of diagnosis for the illness for which you had either treated or surgically treated or admitted the insured for?

➤ When was the insured referred to you for and by whom?

Medical Information

- Please specify whether the insured was aware of his condition at the time you treated him?

- Please specify whether the family members of the insured were aware of the same?

- Please give brief details of the illness or surgical condition that the insured was being treated for by you and whether the same contributed to his death?

- Please specify if the insured was retrovirus affected or was any of his family members RV + ve?

- Please specify if the illness for which the insured was under your treatment was related to smoking or tobacco or alcohol?

- Please specify briefly about the health history of the insured in the last 2-3 years and if ill whether it contributed to the death of the insured?

- If the death took place without a diagnosis could be ascertained whether you had suggested a PM/ FIR?

- Please also specify the death details of the unnatural event whether homicidal or suicidal?

Medical Information

➤ Please provide the hospitalization details in the following format:

Hospitalisation Details: (If any)

IPD Registration No		Date of Admission	
Date of Diagnosis		Date of discharge / death	

Investigation Details:

Please specify the investigations called for	
Diagnosis	
Please specify the prognosis	

(Please attach a copy of the investigation reports)

Details of any pre-existing medical condition

(Please specify the details as under)

Medical Condition	Duration	Treatment taken	Prognosis

(Please fill all the columns above with the relevant details)

Treatment Details:

Please specify the treatment details	
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Medical Information

Discharge / Referral / Death Details:

Date of Discharge / Death			Did you refer the patient to any other hospital / doctor / Clinic (please Tick)? If yes, please give following details: →		Yes	
					No	
DD	MM	YYYY	Referring Dr. Name			
			Address			
			Contact Details			
Condition at discharge / Referral						
Prognosis						
Immediate cause of death						
Details of any underlying illness / Condition influence / contributed to the cause of death						

Please attach a death summary / discharge sheet

I stand by the medico legal details of the information provided by me to the best of my medical knowledge and records under my stamp and seal.

Name:

Signature:

Registration No:

Place:

Date/ Tel No for contact:

