

**ATTENDING PHYSICIAN'S STATEMENT  
CONFIDENTIAL REPORT**

Dear Doctor:

We have with us an insurance application on the life of client below. With reference to his/her application, may we request your good office to furnish us in confidence the information to the questions below according to your personal knowledge and his/her medical records. We are particularly concerned re: \_\_\_\_\_.  
Thank you very much for your kind assistance.

NAME OF PATIENT ( <i>Last Name, First Name, M.I.</i> )	ADDRESS:
DATE OF BIRTH:	DATE:
NAME OF DOCTOR:	HOSPITAL/CLINIC ADDRESS

**(1)**

Dates Attended		Complaints & Abnormal Physical Findings	Duration of Illness	Diagnosis	Describe Treatment or Operation
MONTH	YEAR				

**(2)** Please state and furnish us a copy of laboratory findings, if any (including X-Ray, ECG, blood chemistry and pathology reports, etc. with dates)

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**(3)** Present condition, if known? (include sequelae and complications of above reported illnesses)

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**(4)** Have any other physician's or surgeons been consulted? If so, please give name, date and nature of disorder.

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**(5)** Please record any other medical information, which has a bearing on patient's health including tobacco use.

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Date \_\_\_\_\_ SIGNATURE \_\_\_\_\_ M.D.

ADDRESS \_\_\_\_\_ License No \_\_\_\_\_

