

ANNEXURE "A"

To be attached with claim form and claim papers
Certificate from attending Doctor or Nursing Home / Hospital Doctor of Claimant

1. Name of Patient :

2. Age :

3. Are you family doctor of patient :

4. Who referred the case to you :

5. When the patient approached you for the first time in
connection with Present Disease Suffered :

6. Details of previous history of diabetes of patients (if any) :

7. Is the patient suffering from since how long :

Diabetes Yes () No () Year :

Hypertension Yes () No () Year :

Blood Pressure Yes () No () Year :

Kidney Problem Yes () No () Year :

Cancer Yes () No () Year :

T.B. Yes () No () Year :

Heart Problem Yes () No () Year :

Other Disease. Yes () No () Year :

If yes (he / she may be suffering from the same)

8. Present Disease Suffered :

9. Duration of Present Disease Suffered (i.e. since how
long he / she may be suffering from Present Disease
before approaching you) :

Valid only original Anne "A"

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10. Is the Present Disease Suffered is connected to previous
history

Hypertension Yes () No () Year :

Diabetes Yes () No () Year :

Blood Pressure Yes () No () Year :

Other Existing Disease Yes () No () Year :

11. Is the Disease Suffered Acute / Chronic :

12. Could the patient be remained oblivious of illness /
disease of which now being treatment taken :

13. Is the Disease Suffered requires Hospitalization :

(a) Nature of treatment given: Operative / I.V. Fluids /
Injection / Oral Treatment / Other Treatment. :

(b) Indoor Case No. of the patient in Hospital / Nursing
Home :

14. Date of Admission :

15. Date of Discharge :

16 (a) Is your Hospital registered with Local authorities
under Mumbai Nursing Home Act Section 25.
Registration No. :

17. Other comments you would like to make (if any)
connected to Present Disease Suffered by the Patient :

Doctor's Name : _____

Doctor's IMA Reg. No. : _____

Qualification : _____

Dated : _____

Signature of Attending Doctor
(With Rubber Stamp & Reg. No. of
Nursing Home / Hospital)