



underwriting

Attending Physician Statement/Clinical History

YOUR PROMPT REPLY IS APPRECIATED

Please attach any and all clinical notes and testing for the client to this form when responding.

Patient Name		Date of Birth	
Physician Name			
Clinic, Hospital, or Medical Center			
Address			
Telephone	Fax	Email	
How long have you been treating this patient?	Date of first consultation	Date of last consultation	
	Reason	Reason	
Medication(s) and/or treatment(s) recommended (complete below)			
Name	Dosage	Start date	Date Stopped taking
Is the patient currently under any treatment you have recommended? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Provide information related to any illnesses and/or discomforts with the respective dates and details of the treatment prescribed and the results			
Date	Illness or discomfort	Treatment prescribed	Results or condition during last visit

.....
 This request is for a foreign national seeking U.S. insurance coverage. Most insurance carriers require that medical exam requirements are completed in the U.S. and require translation of medical records to English at the writing insurance agent's expense. All carriers have specific form requirements for foreign nationals and may also require a cover letter from the writing agent explaining the need for U.S. coverage. Product restrictions may apply.

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Indicate which exams were effectuated under your supervision and what were the results			
Date	Disease or discomfort	Exams	Results

Describe the patient's health the last time you saw him/her

Physician Information

Signature _____ Date _____

Name _____

Address _____

Telephone _____ Email _____ Fax _____

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