



SuryaJyoti Life Insurance Company Limited

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CL 11: Attending Physician Questionnaire
for CI (Paralysis)

ATTENDING PHYSICIAN QUESTIONNAIRE FOR CRITICAL ILLNESS DIAGNOSIS "PARALYSIS"

(This form is to be completed by attending Neurologist or Specialist Medical Practitioner)

All questions should be answered. If any question is not relevant, please specify as N/A. Any correction should be countersigned and please do not use tippex)

Name of Patient:

Date of Birth/Age:

Gender:

Citizenship Number:

1. What is the nature of Injury, Sickness or Disease? Please specify with description.

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2. If the patient is diagnosed as Paralyzed Limbs, does below definition of Paralysis meets?

"Total and irreversible loss of use of two or more limbs as a result of injury or disease of the brain or spinal cord"

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3. Is the diagnosis based on changes seen in a CT scan or MRI or other relative test reports? Please specify the tests and results.

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4. Please specify the exact date of patient diagnosed with above condition?

5. Are you of the opinion that the paralysis will be permanent with no hope of recovery?

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6. TREATMENT:

Date of first visit Date of last visit Total number of visit

DESCRIBE PRESENT CONDITION Indicate if recovered, improved, unimproved or retrogressed:

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7. Was patient had symptoms for such disease in the past? If Yes, Please Specify:

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8. Is there any other past medical history? If Yes, Please Specify:

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9. Was the patient under any kind of Medication in the Past? If Yes, Please Specify types and dates:

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10. Is there any indication that patient had been Smoking or any abuse of alcohol or drugs in the past?

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11. For what period was the patient?

Hospital confined (if any) From To

House confined (if any) From To

Bed confined (if any) From To

Ambulatory (if any) From To

DECLARATION:

I HEREBY CERTIFY THAT MY ANSWER TO THE FOREGOING QUESTIONS ARE CORRECT AND TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF:

Signature:

Doctor's Name:

Specialization:

NMC No:

Date:

Address:

Mobile No.: