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ATTENDING PHYSICIAN QUESTIONNAIRE FOR CRITICAL ILLNESS DIAGNOSIS "STROKE"

(This form is to be completed by attending Neurologist)

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:

Address:

Date of Birth/Age:

Gender:

1. Please fully describe the nature of illness and the diagnosis - (Please attach original reports where applicable):

- a) Date of first symptoms :

D	D	M	M	Y	Y	Y	Y
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- b) Details first symptom :
- c) Investigations done/advised to be done/
laboratory tests undergone :
- d) Final Diagnosis (please include any specialist/
lab reports) :
- e) Details of treatment given: medical/surgical/
Hospitalization/Conservative :
- f) If surgery performed, please describe fully the
date on which it was performed and the nature
of the surgery :
- g) Describe any other disease or infirmity
affecting present condition :

2. If the patient is diagnosed with stroke, does this resulted permanent neurological deficit with clinical symptoms?

YES NO

- a) If Yes, please provide full details of neurological deficit and clinical symptoms at present (to state down what are the deficit and symptoms experienced in details):

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4. Does he/she have any limitation on activities of daily living? (if Yes, to state down what are the limitations and the extend of it)

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5. 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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6. Was patient had symptoms for such disease in the past? If Yes, Please Specify types and dates:

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

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

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

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Signature:

Doctor's Name:

NMC No:

Date:

Stamp: