ICICI PRUDENTIAL
LIFE INSURANCE

USUAL / FAMILY DOCTOR CERTIFICATE

(Format AH)

Policy Number(s): ______________________________ **Date:** _______________

1. Details of the Life Assured (patient):

Full Name:		
Current Residential Address:		Tel. No.:
City/Town:	Pin Code:	State:

2. Details of Consultations, Diagnosis and Treatment:

Since how many years, have you been the usual doctor of the patient or his / her family?	
If you are not family doctor or usual doctor of the patient, then please give name of the doctor who referred him / her to you?	

3. Details of the Consultations in the last 5 yrs:

	(1).	(2).	(3).
Date of consultation:			
Nature of complaints:			
Duration of complaints:			
Name of the tests advised by you:			
Dates on which tests were done and the results:			
Name and address of the laboratory where the tests were done:			
Diagnosis made by you:			
Treatment / medication given by you:			
Name / Address of Doctor / hospital to whom you referred the patient to:			

If the patient was already diagnosed of any illness, please mention name & address of doctor / hospital and also the date and nature of illness:

Please mention habits of the patient with duration and quantity of substance (Alcohol consumption / smoking / drugs addiction):

Do you maintain copy of medical records / OPD notes?	☐ Y ☐ N
Are copy of medical records / OPD notes attached with the form?	☐ Y ☐ N

_______________ Date _______________ Place

_______________________________ Doctor's Signature, Stamp & Registration no.:

_______________ Tel No: