



**GENERAL MEDICAL QUESTIONNAIRE-BY MEDICAL DOCTOR**

**Name of patient:** \_\_\_\_\_

**Policy Number:** \_\_\_\_\_

Kindly obtain the relevant medical information from the named person below to best answer the following questions based on history and any available medical information done as relayed to you.

1. Diagnosis of illness and date diagnosed

| Illness | Date diagnosed |
|---------|----------------|
|         |                |
|         |                |
|         |                |

2. Name and address of doctor who is treating the condition

\_\_\_\_\_

\_\_\_\_\_

3. Description of illness

Note: As informed to you based on where relevant disease staging, frequency of attacks, known classifications, test/ hospital reports, imaging reports-where possible please describe

| No | Illness diagnosis/description | Treatment Rendered<br>e.g. surgery,<br>medication, dosing | Description of<br>severity | Other information |
|----|-------------------------------|---|----------------------------|-------------------|
|    |                               |   |                            |                   |
|    |                               |   |                            |                   |
|    |                               |   |                            |                   |



- 4. If any test reports (e.g. blood, biopsy, scope, scans etc) were shown or informed to you, what are the highlights of these tests that were abnormal? Kindly describe.

Note: Kindly copy test copies along with this report

---



---



---



---



---

- 5. Are there any other doctors other than the main doctor mentioned above that had seen or treated this person? Kindly state their name and address

---



---



---



---

- 6. Is there any other comments or relevant information relating to this person's illness that you feel may assist us to understand the condition better?

---



---



---



---

Name of Doctor : \_\_\_\_\_

Signature of Doctor : \_\_\_\_\_

Clinic Rubber Stamp : \_\_\_\_\_

Date : \_\_\_\_\_

Telephone No. : \_\_\_\_\_