

LIFE INSURANCE CORPORATION OF INDIA

BRANCH OFFICE.....

CERTIFICATE OF HOSPITAL TREATMENT

In connection with claim under Policy No. on
the life of

(Insert full Name of deceased)

1. What was the full name, age, address and occupation of the patient as per Hospital records?

Name:.....

Age:.....

Address:.....

Occupation:

2. What was the date of his admission into
the Hospital?

3. Under whose treatment was the patient
before he was admitted into the Hospital? If
the patient has brought a letter or a note
from any Doctor at the time of admission,
kindly furnish us with a certified copy
thereof.

4. What at the time of admission, was (a) the
nature of his complaint? (b) the duration of
the complaint as reported by him?

(a) _____

(b) _____

5. (a) What was the exact history reported by the
patient at the time of admission? (Dates,
duration of the ailments, the symptoms
narrated etc. to be given)

(b) Was the history reported by the patient
himself or by some one else ?

(c) If the history was not reported by the
patient himself, the name and
relationship of the person who reported.
Was the patient present at that time and
was he conscious?

(d) To whom was the history reported and
by whom was it recorded?

(e) Is the Doctor, to whom the history was
reported/who had recorded the history,
still with the Hospital, and if not, what is
his present address?

6. What was the diagnosis arrived at in the
Hospital?

7. Was there any other disease or illness
which preceded or co-existed with the
ailment at the time of the patient s
admission into the hospital? If so, what
was it ? Please give details stating :

(a) History reported

(a) _____

(b) Date when first observed by the patient

(b) _____

c) By whom treated?

(c) _____

(d) By whom history was reported? (If not
by the patient himself, please indicate if
it was in his presence and to his
knowledge)

(d) _____

(e) By whom the history was noted and recorded? (If the doctor is not with the Hospital at present, please give his present address)

8. What was the date of his discharge from Hospital?

9. What was his condition when he was discharged ?

10. Was he treated in the Hospital on any previous occasion either as an inpatient or an outpatient? If so, please state :-

(a) Date of the first admission or first time treatment as an outpatient.

(b) Date of discharge and condition on discharge.

(c) Nature of ailment.

Certified that the above information is correct as per records of the Hospital.

Date.....

Signature.....

*Code No..... Qualification & Designation.....

Name of Hospital..... Postal Address

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*(State here the Code No. if you are an authorised Medical Examiner of the Corporation)