



## 4.2 DREAD DISEASE QUESTIONNAIRE - CANCER

DREAD DISEASES

QUESTIONNAIRE FOR	CANCER	(To be com	pleted by the attending doctor)		
PATIENT'S DETAILS:					
			D		
	<u> </u>		Occupation		
DIAGNOSIS:	stalla of atoma ato	`			
Date of Diagnosis/					
Tests done for the confirmation of Diagnosis.					
First symptoms and when appeared					
TREATMENT AND DETAIL	S OF THE DISE	ASE:			
Name the medical examina					
When					
Is the disease in remission?					
If YES, when was the last treatment given?					
If NO, when do you estimate that the treatment will be completed?					
Is this the first time that the patient receives this treatment? YES/NO Did the disease ever had a reversion? (Give details)					
Did the disease ever flad a reversion? (Give details)					
Is the patient under attendance and/or treatment by any other doctor? Give details					
· 					
Since when do you examine					
Date of last examination:/					
Dates of treatment (When and for what reason):					
			ease or illness or syndrome? Giv		
Has the patient been cured					
PROGNOSIS:					
PRESENT CONDITION:					
Is the patient:	Bedridden	YES/ NO	Housebound YES/NO		
<u>lı</u>	n Hospital/ Clinic	YES/ NO	Not straiten at all YES/ NO		
Name of Doctor			Specialty		
			Opecialty		
Doctor's Signature and	Seal		Date		

## Warning: All supporting documentation (originals) must be provided along with the claim forms

## Supporting Documentation for dread disease claim

- Claim Forms (Fully completed) (Within 6 months from the date of the Diagnosis)
- Medical Expert's Advice
- 3.

For additional details please use additional blank page

- Hospital's/ Clinic's advice if insured has been hospitalized Laboratory tests or any other diagnostic examinations done, together with their outcomes 4.
- Medical history
- Photocopy of the Medical booklet (If applicable)