



SuryaJyoti Life Insurance Company Limited
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**ATTENDING PHYSICIAN QUESTIONNAIRE FOR CRITICAL ILLNESS DIAGNOSIS
 "PARALYSIS"**

(This form is to be completed by attending Neurologist or Specialist Medical Practitioner)

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:
 Date of Birth/Age:
 Gender:
 Citizenship Number:

1. What is the nature of Injury, Sickness or Disease? Please specify with description.

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2. If the patient is diagnosed as Paralyzed Limbs, does below definition of Paralysis meets?

"Total and irreversible loss of use of two or more limbs as a result of injury or disease of the brain or spinal cord"

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3. Is the diagnosis based on changes seen in a CT scan or MRI or other relative test reports? Please specify the tests and results.

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4. Please specify the exact date of patient diagnosed with above condition?

5. Are you of the opinion that the paralysis will be permanent with no hope of recovery?

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6. TREATMENT:

Date of first visit Date of last visit Total number of visit

DESCRIBE PRESENT CONDITION Indicate if recovered, improved, unimproved or retrogressed:

.....

7. Was patient had symptoms for such disease in the past? If Yes, Please Specify:

.....

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

.....

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

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

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11. For what period was the patient?

Hospital confined (if any) From To

House confined (if any) From To

Bed confined (if any) From To

Ambulatory (if any) From To

DECLARATION:

I HEREBY CERTIFY THAT MY ANSWER TO THE FOREGOING QUESTIONS ARE CORRECT AND TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF:

Signature:

Doctor's Name:

Specialization:

NMC No:

Date:

Address:

Mobile No.: