



**FUTURE
GENERALI**

TOTAL INSURANCE SOLUTIONS

BLOOD DISORDER QUESTIONNAIRE - PHYSICIAN

TO BE FILLED BY THE PHYSICIAN

Full name of the Patient

Name of the Attending Physician

PLEASE ANSWER EACH QUESTION AND PROVIDE PARTICULARS WHEREVER REQUIRED

1. For how long have you known the patient? _____
2. What is the precise diagnosis of the patient's blood disorder? Please provide details of all the tests done at the time of diagnosis and all tests done till date? _____

3. When was the patient diagnosed with this blood disorder? What has been the line of treatment since then? (Surgical and/or medical management) _____

4. Please provide details of current and past medication: _____

5. Does the patient suffer from any other health problem? Kindly provide details: _____

6. Has the patient undergone any blood tests (E.g. Clotting factors, full blood count, etc.) to monitor the condition over the last 2 years? If 'Yes', kindly provide the reports: _____

7. Has the patient ever been hospitalised for this or any other conditions? If 'Yes', kindly provide details: _____

8. How often does the patient come for follow-up of this condition? When was the last follow-up? _____

9. Please provide any additional information on the patient's condition that you feel will help in processing the application. Also provide a summary of the test reports done to monitor the blood disorder: _____

Place: _____

Date: _____

Signature of the Physician