



## ATTENDING PHYSICIAN'S STATEMENT – TERMINAL ILLNESS

Note: Kindly submit this form to Generali Life Assurance Philippines, Inc., (GLAPI) duly completed by a qualified and registered physician at the expense of the claimant.

**PATIENT'S DETAILS**

LastName		FirstName		MiddleName	
Address					
Date of Birth (MM/DD/YYYY)		Place of Birth		Age	Status
How long have you known the patient?					
When did the patient first consult you for the present condition?					
Please state the date symptoms were noticed and describe in detail.					
Who is the source of this information?					

**DETAILS OF TERMINAL ILLNESS**

What is the diagnosis and exact condition causing the terminal illness?	
If Surgical Procedure was performed, please provide in detail and provide copy of the Operation Room Record.	
Date of diagnosis	What is the prognosis?
In your opinion, how long is the life expectancy of the patient?      months	
Please provide in detail the medical evidence to support your opinion	
What is the current symptom/s and treatment/s and its impact on the patient's survival?	

**PLEASE GIVE DETAILS OF THE PATIENT'S PREVIOUS CONDITIONS FOR WHICH YOU ATTENDED PRIOR TO LAST ILLNESS/INJURY:**

Date of Attendance	Diagnosis	Treatment/Procedure

**ARE YOU AWARE OF ANY OTHER CONSULTATION OR CONFINEMENT OF THE PATIENT FOR ANY ILLNESS OR INJURY, IF SO PLEASE PROVIDE INFORMATION BELOW:**

Date of Attendance	Name of Physician/Address	Medical Institution/Address	Diagnosis/Treatment/Procedure

Please enclose copies of specialist or hospital reports together with any tests or similar evidence to support the validity of the claim.

I HEREBY CERTIFY that the above statements are true and complete to the best of my knowledge and belief.

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
SIGNATURE OVER PRINTED NAME OF PHYSICIAN

\_\_\_\_\_  
QUALIFICATION

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CONTACT DETAILS

SUBSCRIBED AND SWORN to me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_ by the aboce claimant who exhibited to me his/her Residence Certificate No. \_\_\_\_\_ issued at \_\_\_\_\_ on \_\_\_\_\_.

DocNo. \_\_\_\_\_

Book No. \_\_\_\_\_

PageNo. \_\_\_\_\_

Series of \_\_\_\_\_

My Commission expires on \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC