Attending Physician's Statement – Life Insurance

To be completed by doctor at Insured's/Claimant's expense

Policy Number: _____

1. Name of Deceased in full.	
2. Residence at time of death.	
3. Occupation at time of death.	
4. (a) Were you the attending physician during the Deceased's last illness? (b) Were you present when death occurred?	
5. Place and date of death.	Place ---------- Date (d/mm/yyyy) ----------
6. How long had you been acquainted with the Deceased?	
7. Did you attend or were you consulted by the Deceased before the last illness? If so, when and for what illnesses, giving details including dates.	
8. Was the Deceased attended by, or did he/she consult any other physician or surgeon within the last two years? If so, state by whom and for what illness.	
9. State exact duration of last illness.	
10. (a) What were the first indications of failing health? (b) When were they first noticed?	
11. Give dates of first and last visits of attendance in connection with the last illness.	First Visit (dd/mm/yyyy) ---------- Last Visit (dd/mm/yyyy) ----------
12. Have you ever heard or have you had any reason to believe that the Deceased consulted or was attended by any other physician or surgeon at any time prior to the first date given in the preceding answer for any illness, ailment or complaint which could in any way be indicative of, allied to, or associated with the illness which led to death? If so, give details.	

13. (a) What was the primary cause of death? (b) What was the immediate cause of death? (c) Did the Deceased suffer from any other associated diseases or conditions? Give particulars, including dates.	
14. Did the Deceased have any disease or illness not mentioned above? If so, give date and details.	
15. (a) Did the Deceased use alcohol or narcotics? (b) Did the Deceased use them to excess? (c) How long before death did the Deceased use them to excess? (d) If so, did they contribute to the fatal death?	
16. (a) Was a post-mortem examination made? (b) Was a Coroner's Inquest held? Give particulars.	
17. Did previous illness, family history, or habits in any way predispose to the cause of death? If so, describe fully.	
18. From physical findings and appearance, what would you judge to be the age & height of the Deceased? Describe any birth marks, scars, or other marks of identification on Deceased's body.	

19. Give names and address of all other physicians and other practitioners who, to your knowledge, attended Deceased during the past five years.

Date	Name & Address	Disease/Impairment

I hereby certify that the facts as given above represent my opinion of the condition of the Deceased.

Signed: _____ Name of physician (with stamp): _____

Qualifications: _____ Address: _____

Date: _____ Telephone Number: _____