

PRIVATE MEDICAL ATTENDANTS REPORT CANCER

Name..... Policy No:.....

In order for a claim under this policy condition to be paid, the following definition must be satisfied,

“The manifestation of a malignant tumour including leukaemia and Hodgkin’s Disease, the growth of which cannot be medically controlled. Specifically excluded from the cover are all skin cancers except malignant melanomas. All tumours which are histologically described as pre-malignant or showing early malignant change, cancer in situ and Stage I Hodgkin’s Disease.”

1. Please describe the exact details of your patient’s condition.

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2. When did your patient first consult you for this condition?

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3. When did he first become aware of this condition?

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4. Has he suffered any previous episodes of this condition or any conditions leading to it or relating to it? If so, please give details.

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5. Are you aware of any members of the patient’s close family who have suffered from this or any similar condition?

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6. Please give the name and address of all consultants , specialists or hospitals attended by patient for this condition

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7. Please complete the section below relating to your patient's condition.

- Please confirm the diagnosis of cancer and give details of the type tumour :

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- Please give histology and staging of tumour :

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- Please give an exact description of the site of the tumour :

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8. Have any investigatory tests or procedures been performed? If so, please give details.

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9. Please give below any other information which you feel would be helpful in the assessment of your patient's claim

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Our Chief Medical Officer would be most grateful if you would send copies of any specialist or hospital reports, together with any tests,reading, or similar evidence to support the validity of your patient's claim.

Signature.....Date.....

Name (in block capitals please).....