

MEDICAL FILE

Patient's name :

References : IN/ ___ - ___ - ___

AD/ ___ - ___ - ___

Insured Person's name :

Certificate dated :

To be completed by the Doctor and given back to the Patient

1-What ailment exactly does your patient suffer from ?

2- What was the exact date of the discovery of the illness ?/...../.....

3- Is this the first episode of the illness ? Yes No

4- How long has the patient suffered from this illness before consulting a doctor (generalist or specialist) ?/...../.....

5- What treatment was prescribed ?

6- Are there any associated pathologies ?

7- Are there any pre-existing pathologies ?

8- Did the patient consult another doctor before you, for the same illness ? Yes No

9- If yes, on what date ?/...../.....

Thanking you in advance for your co-operation,

Yours sincerely,

Date, stamp and signature.

**To be filled out by the Doctor and given
back to the Patient, who should address it
to the attention of the Doctor of the
Company**