



MEDICAL FILE

Patient's Name :
Our References :
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/surgeon?**
 - 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**
- 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