

## 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**