



## 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**