# Medical Summary for Paralysis Insurance Claim

**Patient Name:**

**Date of Birth:**

**Claim Number:**

**Policy Number:**

**Date of Admission:**

**Date of Discharge:**

## Summary of Medical Condition

**Diagnosis:**

**Date of Onset:**

**Type of Paralysis:**

## History and Clinical Findings

## Investigations

| Investigation | Date | Result/Comments |
|---|---|---|
| | | |

## Treatment and Procedures

| Treatment / Procedure | Date | Remarks |
|---|---|---|
| | | |

## Current Status and Prognosis

## Physician's Remarks

Attending Physician's Signature

Date