

# Attending Physicianâ€™s Medical Summary

## Term Insurance Analysis

Patient Full Name:

Date of Birth:

Gender:

Policy/Reference No.:

Date of Examination:

Medical History (including significant illnesses, surgeries, and ongoing treatments):

Current Medications:

Physical Examination Findings:

Relevant Investigation Results:

Diagnoses & Prognosis:

Attending Physicianâ€™s Comments and Recommendations:

Physicianâ€™s Name:

Signature:

License Number:

Date: