Attending Physicians Statement

securian CANADA

Confidential medical file

1. General information

Patient information

First name	Initial	Last name	Date of birth (dd-mm-yyyy)
Certificate number			

Physician information

First name		Last name
Address (street number and name)		Apartment or suite
City	Province	Postal code

2. Health information

This health information will be used for the purpose of underwriting, administration and adjudicating claims. Please do not tell us about genetic testing or genetic test results.

Check all patient health issues that you are aware of.

If checked, provide details.

☐ Cardiovascular	☐ Impaired vision/hearing	☐ Cancer/tumour/other growths (include pathology and follow-up reports)
☐ Endocrine	☐ Neurological	
☐ Gastrointestinal	☐ Respiratory	☐ Abnormal diagnostic tests (include copies)
☐ Genitourinary	☐ Alcohol/drug abuse	☐ Musculoskeletal (specify area/joint)
☐ Immune system	☐ Adverse family history	☐ Other (specify):

Clinical summary

Dates attended (mm-yyyy)	Symptoms and diagnosis	Duration of illness	Describe treatment and present condition

2. Health information (continued)

Dates attended (mm-yyyy)	Symptoms and diagnosis	Duration of illness	Describe treatment and present condition

Other physicians consulted

Name of physician	Reason for consult	Dates attended (mm-yyyy)

3. Signature

I declare that the statements made in this Attending Physicians Statement are true and complete.

Physician's signature	Date (dd-mm-yyyy)
X	

Please note: Your patient is responsible for any cost to complete this report.

Please return to:

Johnson Inc.
PO Box 4408 STN A
Toronto, ON M5W 3V7