

Part 1 - Insured's Information

Policy no.:

Last name:

First name:

Birth date: / /
year / month / day

Phone number:

I hereby authorize the disclosure of any information related to my claim to my insurer, Humania Assurance Inc.

Date: / / Signature: _____
year / month / day

Part 2 - Attending Physician's Statement

1. a) Has this person undergone bypass graft surgery to open one or more blocked or narrowed coronary arteries? Yes No

b) Was the surgery recommended by a consultant cardiologist who is authorized to practice in Canada? Yes No

If yes, please provide the name and address of the consultant cardiologist who recommended the surgery.

c) Date of surgery: / /
year / month / day

d) Location of surgery: _____

e) Details of the surgical procedure (including the number and location of the grafts). Enclose a copy of the operative report.

2. a) Date of first symptoms: / /
year / month / day

b) Date on which the patient first consulted a physician about this condition: / /
year / month / day



Part 2 - Attending Physician's Statement (cont.)

c) Date on which the patient first consulted you about this condition:

year				/	month		/	day

d) Date on which the patient first became aware of this condition:

year				/	month		/	day

3. Does the patient have a history of heart problems or other underlying health conditions? Yes No

If yes, please provide details. _____

4. Do you know if members of the patient's immediate family have had heart problems or similar issues or if they have undergone heart surgery? Yes No

If yes, please provide details. _____

5. Has the patient consulted any other doctors or been hospitalized for this condition or a related condition? Yes No

If yes, please provide details. _____

6. Primary diagnosis: _____

Secondary diagnosis: _____

Contributing factors: _____

7. Please describe in detail the health problem that led to the patient's surgery. _____

8. What tests, exams or treatments were carried out before the surgery? Please provide details. _____

9. Does the patient smoke? Yes No

If no, did the patient previously smoke? Yes No

Part 2 - Attending Physician's Statement (cont.)

If yes, please provide information on the patient's smoking history. _____

10. Provide details on any health problems (related to the current illness or not) for which the patient has received treatment from you or another physician.

Please enclose copies of any specialist, hospital or pathology reports, tests, analyses or other similar supporting documentation for the patient's claim.

Part 3 - Attending Physician's Information

Specialty: _____

Last name:

First name:

Address:

 (civic address) (apt.)

City:

Province:

Postal Code:

Phone number:

Date:

 year / month / day

Signature: _____