



Attending Physician Statement For:

Individual Underwriting Department
370 Bassett Road
North Haven, Connecticut 06473-4201
Fax: 1-800-304-5882

Date of Birth:
Applicant Name:
ID No:
Return By:

Request to Provider:

Provider Number:

Please complete the entire form and if requested provide the additional information for the diagnosis of
for the following date(s) of service

Physician please complete the following:

Name of Hospital where child was born:

APGAR scores at birth: 1 minute 5 minutes Date of Discharge:

Gestational age at birth:

Newborn: Wt: Current Wt: Date:

Please list any complications during delivery or during the hospitalization:

Please indicate if any of the following conditions either exist currently or by history:

Table with 3 columns: Condition, Check all that apply, and If Yes, please indicate the following and include dates in comment section below. Rows include conditions like Apnea, Cephalhematoma, Congenital Anomaly, etc.

Explanation comments for above: (attach a separate sheet if necessary):

Please list any other physical anomalies/impairments not already listed, including any required medication(s)/ treatment _____

Is child currently undergoing evaluation/treatment Yes No

If yes, please explain: _____

Date of last visit: _____ Reason for last visit: _____

Please list any medications prescribed since birth (if more than two medications, please attach a separate sheet)

Medication	Frequency of Use	Date Prescribed	Date Discontinued

Laboratory and Radiology: Findings regarding any of the listed conditions, include dates: _____

Provider Name (Please Print):		Telephone: () _____ - _____
Provider Signature:	Date:	Title: