



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 list conditions 1-15 such as 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: