

**COOPERATIVE INSURANCE SYSTEM OF THE PHILIPPINES**

No. 80 Malakas st Brgy. Pinyahan  
Diliman Quezon City

**PHYSICIAN STATEMENT FOR DEATH CLAIMS**

<b>NAME OF THE DECEASED</b>	
<b>RESIDENCE AT DEATH</b>	
<b>APPARENT AGE AT DEATH</b>	
<b>DATE OF DEATH</b>	
<b>PLACE OF DEATH</b>	

1. What was the immediate cause of death? \_\_\_\_\_
2. What factors/diseases contributed to the cause of death? \_\_\_\_\_

Duration of contributory causes? \_\_\_\_\_

3. What was the first indication of failing health? \_\_\_\_\_  
When were they first noticed? \_\_\_\_\_

4. Were there any other disease/s suffered by the deceased?  Yes  No  
If yes, kindly mark them from the choices below and indicate when were they diagnosed if they are not found from the selection you may place them on the space provided

_____ Hypertension	Others:	_____
_____ Diabetes Mellitus		_____
_____ Heart Disease		_____
_____ Kidney Disease		_____

Would you know if the deceased suffered from any congenital disease/s?  
 Yes  No

If yes, kindly specify? \_\_\_\_\_

5. Was the deceased bedridden prior to his/her demise?  Yes  No  
If yes, since when? \_\_\_\_\_

If no, was the deceased prevented from attending to his daily work activities prior to his Demise  Yes  No

If yes, since when? \_\_\_\_\_

6. When did you first attended the patient? \_\_\_\_\_  
Date of FIRST attendance in last illness? \_\_\_\_\_  
Date of LAST attendance in last illness? \_\_\_\_\_

7. Was there any evidence that would indicate that the deceased died of foul play such as suicide or murder?  Yes  No

If yes, kindly specify? \_\_\_\_\_

8. Did you personally see the remains of the deceased?  Yes  No

If not, who did? \_\_\_\_\_

Complete Name and Address of the informant \_\_\_\_\_

9. Was there any autopsy done? If yes, who performed the examination and where was it done?  
\_\_\_\_\_

*I hereby certify that to the best of my knowledge the above statements are true and correct.*

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SIGNATURE OVER PRINTED NAME

FULL NAME OF ATTENDING PHYSICIAN:	SIGNATURE:
LICENSE No:	CLINIC ADDRESS & CONTACT NUMBER/S:

**IMPORTANT REMINDER:** Forms not filled up accordingly will not be processed

/chavezmd Jan 2011