Worldwide Health Options
Cancer Medical Statement

Bupa

IMPORTANT INFORMATION

Please ask the Doctor who has treated you to complete this form.
Please ensure that you have read and agreed to the Bupa International Data Protection Notice on your application form that sets out how we handle your personal data.

If there is insufficient space for you to complete your answers, please use the Additional Information section overleaf and indicate that you have done so by ticking here ◯

Please return this form to Medical Underwriting, Bupa International, Russell House, Russell Mews, Brighton, BN1 2NR, United Kingdom

1 Applicant's personal details:

Title		First name	
Other initials		Family name	
Date of birth	D D M M Y Y	Membership Number	- -
Date form completed	D D M M Y Y		

2 Please answer the following questions:

1. Please specify the type and / or location of the cancer.	
2. When was the patient diagnosed with cancer?	
3. What treatment did they receive?	
4. When did the last active treatment take place (by active treatment we mean - chemotherapy, radiotherapy or surgery)?	
5. Has the patient had any investigations or consultations since then?	
6. Is the patient on any medication in relation to the cancer (for example preventative medication such as Tamoxifen)?	
7. When was the last time you saw this patient and what was the outcome of that visit?	
8. Is any further follow-up care planned? If so, please provide details.	

3 Doctor's details

Name

Address

Contact Number

Doctor's Signature

Date

A Additional Information