AmMetLife Takaful Berhad (931074-V) Licensed Takaful Operator
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AmMetLife Takaful

HEART ATTACK

DOCTOR'S STATEMENT

Kindly answer all questions completely as this will assist us to assess the claim accurately, fairly and promptly. We appreciate your co-operation.
The cost of this report is borne by the applicant.

Patient's Name :	Patient's I/C Number :	Patient's Passport Number:	Certificate Number :

A	General Information
1	Are you patient's usual medical doctor? Yes ☐ No ☐ If Yes, over what period does your record extend to? Date Month Year _____/_____/_____
2	When did the patient first consult you for this condition ? Date Month Year _____/_____/_____
3	What were the symptoms and their duration? _____ Please state the date of onset of first occurrence of symptoms. Date Month Year _____/_____/_____
4	In your opinion, what were the likely duration of the patient's symptoms? Please provide reasons. _____
5	Did the patient consult any other doctor for those symptoms before she/he consulted you? Yes ☐ No ☐ If Yes, please provide the name of the doctor and clinic/hospital. _____
B	**Details of Critical Illness**
6	Please provide full details of the diagnosis. _____ Please state the date of diagnosis. Date Month Year _____/_____/_____
7	Please provide the name of the doctor and clinic/hospital where the diagnosis was first made. _____
8	When was the patient first made aware of diagnosis? Date Month Year _____/_____/_____
9	Has the patient previously suffered from a Heart Attack or any related e.g, Hypertension, angina or other vascular desease. Yes ☐ No ☐ If Yes, please provide details including diagnosis, date of diagnosis and treatment given.

10	Was there a current history of typical chest pain and/or shortness of breath? _____ _____
11	What was the ECG findings indicative of new myocardial infract? Please provide details. _____ _____
12	Was there death of a portion of the heart muscle? Yes ☐ No ☐ If Yes, please provide _____ _____
B	**Details of Critical Illness(Continued)**
13	Was there a diagnosis elevation of cardiac enzyme CK-MB? Yes ☐ No ☐ If Yes, please provide details. _____ _____
14	Was there a diagnosis elevation of Troponin (T or I)? Yes ☐ No ☐ If yes, please provide detail. _____ _____
15	What was the left ventricular ejection fraction after at initial diagnosis? Please provide date of test and specification of type of test _____ _____
16	What was the left ventricular ejection fraction 3 months or more after at initial diagnosis? Please provide date of test and specification of type of test. _____ _____
17	Please provide details of all investigations/test performed and enclosed certified true copies, e.g. resting ECG's, exercise stress test, cardiac enzymes, imaging, coronary angiography, echocardiography, myocardial perfusion scans and other relevant hospital reports. _____ _____
18	Please provide the names of the doctors together with the name and address of the clinic/hospital which the patients had attend for this condition. _____ _____
C	**Medical History**
19	Please give details of the patient/s family history, which would have increased the risk of Heart Attack (including relationship to the patient, nature of illness, date of diagnosis and source of information). _____ _____

20	Please give details of the patient/s habits in relation to past and present smoking, including the duration of smoking habits, number of cigarettes smoked per day and source of this information. _____ _____
21	Please give details of the patient/s habits in relation to alcohol consumption, including the amount of alcohol consumption per day and source of this information _____ _____
22	Does the patient have or ever had any other significant health condition? Yes ☐ No ☐ If Yes, please provide details of the condition, including diagnosis and treatment received. _____ _____
23	Any other information you feel may be relevant. _____ _____

I hereby declare that foregoing answers are true to the best of my knowledge and opinion.

Name: _____

Qualification: _____

Tel. No.: _____ Date: _____

Address: _____

_____

Clinic/Hospital stamp: Signature: