

CORONARY ARTERY BY-PASS SURGERY 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 the patient's usual medical doctor? If yes, over what period do your records extend to?	<input type="checkbox"/> Yes <input type="checkbox"/> No 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 doctors for these symptoms before he/she consulted you? If yes, please provide the name of the doctor and clinic/hospital.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
B	Details of Major Illness		
6	Please describe the full and exact diagnosis of the heart condition leading to surgery?		
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 the diagnosis?	Date Month Year _____ / _____ / _____	
9	Please provide details of the coronary angiogram performed.		
10	Which arteries are involved and what is the degree (%) of narrowing in respect of each artery involved?		
11	Name of surgeon who performed the surgery. Name and address of hospital where the surgery was performed?		
12	If coronary by-pass grafting has been performed, please state the number and sites of graft inserted.		
13	Please provide full details of any other treatment provided.		

B Details of Major Illness (continued)	
14	Please provide details of all investigations/test performed and attach certified true copies of results of any investigations performed, e.g., resting ECGs, exercise stress tests, cardiac enzyme assays, coronary angiography, echocardiography, surgical reports, X-rays, CT scans, myocardial perfusion scans, and any other imaging studies, laboratory evidence etc and other relevant hospital reports. _____
15	Please provide the names of all doctors who have attended to the patient for this condition and the respective names and addresses of the clinics/hospitals. _____

C Medical History	
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16	Has the patient previously suffered from the above illnesses or any other cardiovascular diseases? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details. _____
17	Please provide the names of the doctors together with the names and address of the hospital/clinic for which the patient had attended for this condition. _____
18	Please give details of the patient's medical history which would have increased the risks of coronary artery disease? _____
19	Please give details of the patient's family history which would have increased the risks of coronary artery disease (including the relationship, nature of illness, date of diagnosis and source of information). _____
20	Please give details of the patient's habits in relation to 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? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details of the condition, including diagnosis, date of diagnosis and treatment received. _____
23	Any other information you feel may be relevant. _____

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

Name: _____

Qualification: _____

Tel. No.: _____ Date: _____

Address: _____

Clinic/Hospital Stamp: _____ Signature: _____