

## CRITICAL ILLNESS CLAIM FORM (PART II) CHRONIC LIVER DISEASE

Kindly answer all question completely as this will assist to assess the claim accurately, fairly and promptly. We appreciate your co-operation. The cost of this report is borne by the applicant  
**\*\* To be completed by the Attending Doctor.**

<b>Patient's Name</b>	<b>Patient's I/C Number</b>	<b>Patient's Passport Number:</b>	<b>Certificate Number:</b>

<b>A. GENERAL INFORMATION</b>
1) Are you the patient's usual Attending Physician?  Yes <input type="checkbox"/> No <input type="checkbox"/>
2) If yes, kindly advise  (a) First date you attended to the patient: (b) Last date you attended to the patient:
3) What were the initial presenting symptoms and duration?
4) Kindly provide a brief relevant past medical history and duration or date of onset.
5) Kindly provide full and exact details of the diagnosis and date of diagnosis.
6) When did the patient become aware of the diagnosis?
7) Were you the doctor who first diagnosed the patient with this condition?    Yes <input type="checkbox"/> No <input type="checkbox"/>  If yes, over what period do your records extended? From <input style="width: 80px;" type="text"/> to <input style="width: 80px;" type="text"/>

8) If you are not the first doctor who diagnosed the patient with this condition, please provide:

i) Name and practice address of the doctor who first made the diagnosed of had treated the patient for this condition

ii) Date the diagnosed was made by the previous doctor

iii) When was the referral made for the patient to see you?

**B. DETAILS OF MAJOR ILLNESS**

9) Please provide full detailed results of serial liver function tests. Please include Gamma FT and Bilirubin levels

10) Is there evidence of permanent jaundice? Yes  No

How long has the patient been affected by jaundice?

11) Is there evidence of Ascites? Yes  No

When ascites were first discovered? Was there confirmation by paracentesis and / or by ultrasound?

12) Is there evidence of hepatic encephalopathy? Yes  No

Please provide details

13) Is there cirrhosis of the liver? Yes  No

If yes, please provide the HAI-Knodell Score

14) Is the liver disease secondary to any of the following:

a) Alcohol abuse Yes  No

b) Drug abuse Yes  No

15) Please give details of the patient's habits relation to alcohol assumption, including the amount of alcohol consumption per day and source of this information

16) Any other information you feel may be relevant.

17) Please provide copies of the liver biopsy reports

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

\_\_\_\_\_  
**Doctor's Name:**

\_\_\_\_\_  
**Rubber stamp of Clinic/ Hospital**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**