



Critical Illness Claim - Doctor's Statement Systemic Lupus Erythematosus with Lupus Nephritis

SECTION 2 - DOCTOR'S STATEMENT (to be completed by the <u>attending</u> doctor at claimant's expense)

A) Patient's Particulars									
Name of Patient						Gender			
NRIC/FIN or Passport No. Date of Birth (ddmi						уууу)			
				<u> </u>	<u> </u>				
B)	Patient's Medical Records								
1)	Please state over what period does the Hospital/Clinic's record extend?		ı	1	1	1			
	(i) Date of first consultation (ddmmyyyy)								
	(ii) Date of last consultation (ddmmyyyy)								
	(iii) Number of consultations during the above period:		·		11				
	(iv) Name of hospital/clinic and Reasons for consultations (with dates):								
2)	Are you the nationt's usual medical doctor?								
2)	Are you the patient's usual medical doctor? If "Yos" since when? (ddmm, and)		1	1	1		Yes	☐ No	
	If "Yes", since when? (ddmmyyyy)								
	If "No", please provide name and address of the patient's regular doctor.			1	1			'	
3)	Was the patient referred to you?					Ш	Yes	☐ No	
	If "Yes", please provide:		I						
	(i) Date referred (ddmmyyyy)								
	(ii) Reason the patient was referred:								
	(iii) Name and address of doctor recommending the referral:								
	Land the second of design resembling the release.								
	If "No", how did the patient come to consult at your hospital/clinic? (e.g. A&E.))							
4)	Have you referred the patient to any other doctor?						Yes	☐ No	
	(i) Date referred (ddmmyyyy)								
	(ii) Reason for referral:		<u> </u>	1					
	(iii) Name and address of doctor referred to:								

5)	Does the patient have or ever have had any significant health conditions, medical history or any illness (e.g. tumour, diabetes, hypertension, abnormal urinalysis etc.)? If "Yes", please provide:						1	⊐ Yes	L	J No
	<u>Det</u>	tails of symptoms	Exact diagnosis	<u>Date diagnosed</u>	Treat	<u>ment</u>				
6)	Nar	me and address of doctor	whom the patient co	nsulted for the condition(s) s	tated in Q	uestion 5	above	-		
7)	Wh	at is your source of the ab	ove information?							
8)	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:								ı	
	No.	of years of smoking	No. of sti	icks per day	<u>Sour</u>	ce of info	rmatior	<u>n</u>		
9)				on to alcohol consumption,	including	the amou	unt of th	ne alco	hol	
		sumption, frequency and pe of alcohol	the source of this into Quantity per <u>Consumption</u>	ormation. Frequency (per week / month, etc.)		ce of info	rmation	<u>1</u>		
C)		ails of Illness								
C) 1)		ails of Illness ase provide details of Sys	temic Lupus Erythe	ematosus condition.						
			-							
	Plea	ase provide details of Sys on Date the patient First con	nsulted you for this co		otoms Firs	t started.				
	Plea (i)	ase provide details of Sys on Date the patient First con	nsulted you for this co	ondition (ddmmyyyy)	toms Firs	t started.				
	Plea (i)	ase provide details of Sys on Date the patient First con	esented at first consu	ondition (ddmmyyyy) ultation, and date these symp	otoms Firs	t started.				
	Plea (i) (ii)	ase provide details of Sys in Date the patient First condition Details of symptom(s) pre	esented at first consu	ondition (ddmmyyyy) ultation, and date these symp	otoms Firs	t started.				
	Plea (i) (ii)	Date the patient First con Details of symptom(s) pre	esented at first consu	ondition (ddmmyyyy) ultation, and date these symp	otoms Firs	t started.				
	Plea (i) (ii)	Date the patient First con Details of symptom(s) pre What is the underlying ca	esented at first consultations ause(s) of the symptomorphisms.	ondition (ddmmyyyy) ultation, and date these symp	otoms Firs	t started.				

2)	Name and address of the specialist in Rheumatology and Immunology who first diagnosed the patient Lupus Erythematosus condition.	of System	ic
3)	Is there any cardiac involvement? If "Yes", please describe the nature and extent of the impairment, with date(s).	☐ Yes	□ No
4)	Is there any central nervous system involvement? If "Yes", please describe the nature and extent of the impairment, with date(s).	☐ Yes	□ No
5)	Is there any renal involvement? If "Yes", please describe the nature and extent of the impairment, with date(s).	☐ Yes	□ No
6)	Is there evidence of Lupus Nephritis? If "Yes", please advise the following: (i) Describe the symptoms: (ii) State the WHO Classification of the Lupus Nephritis: Class	☐ Yes	□ No
	(iii) Was renal biopsy performed to confirm the diagnosis? If "Yes", please attach a copy of the renal biopsy.	☐ Yes	□ No
7)	Please provide details of the investigation performed, with dates, that confirm the diagnosis of system erythematosus with lupus nephritis (e.g. Antibody tests, including ANA panel, Chest X-Ray, renal biops laboratory tests such as RFT, CBC, rheumatoid factor, etc.) Please attach a copy of the above investigations reports.		S,

8)	What treatment has been administered?	
9)	Please provide details of current treatment.	
10)	Is the patient still on follow-up at your hospital / clinic?	☐ Yes ☐ No
,	If "Yes", please advise date of next appointment (ddmmyyyy)	
	If "No", please state date of discharge (ddmmyyyy)	
D)	Other Information	
1)	What is the prognosis of the patient's condition?	
2)	Are you aware of any other doctor(s) (in Singapore or Overseas) whom the patier Systemic Lupus Erythematosus / Lupus Nephritis or any possible related ill If "Yes", please give details:	nt consulted for the Yes No ness?
	•	ons for consultation
3)	Has the patient ever been hospitalised for the Systemic Lupus Erythematosus Lupus Nephritis or its related symptoms or complications? If "Yes", please advise:	s and/or
	<u>Date of hospitalisation</u> <u>Reasons for hospitalisation</u> Treatment receive (including operation,	

4)	Is there anything in the patient's personal medical history or family history which would have increased the risk of the Systemic Lupus Erythematosus and/or Lupus Nephritis?						
	If "Yes", please give details:						
	Exact diagnosis Date of diagnosis		Name of doctor & address of hospital	l/clinic			
5)	Please describe the nature and severity of the patie	ent's phy s	sical and mental disability and limitation	n, if any.			
6)	Please provide us with any other additioanl informa	ation that	will enable the Company to assess this	claim.			
7)	Please enclose a copy of all reports including specia	alist or ho	spital reports, laboratory evidence, surg	ical report et	c that		
,,	are available.	and or no	spiral reports, laboratory evidence, surg	loai roport, ct	o. triat		
E)	Declaration						
l he	I hereby declare that the above answers are true to the best of my knowledge and belief.						
v)	Signature of Doctor		Address & Offical Stamp of Doctor				
N	ame of Doctor						
D	ate (ddmmyyyy)						