

ATTENDING PHYSICIAN STATEMENT CRITICAL ILLNESS: RHEUMATOID ARTHRITIS

MUST BE FILLED COMPLETELY BY ATTENDING PHYSICIAN

Please give detail of patient:

Name	: _____	No. MR _____
Age	: _____	
Sex	: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Occupation	: _____	
Address	: _____	

1. Anamnesis:

2. Diagnosis & the date of established diagnosis for first time (dd/mm/yy)...../...../.....:

3. The etiology of disease:

4. Which joint areas are affected *{please tick 'v' below here}*?
 - hands
 - wrists
 - elbows
 - cervical spine
 - knees
 - ankles

5. The interpretation of XRay results *{please attach its copy}*:

6. The lab result of Rheumatoid Factor titres *{please attach its copy}*:

7. Is the disease involving **Morning Stiffness**?
 - No Yes

8. Is the disease involving **Rheumatoid Nodules**?
 - No Yes, location of part body=.....

9. Is the disease causing inability of activities of daily living without the assistance of another person?
 - No.
 - Yes. If Yes, please describe about daily independent activities as below here:
{Independent Medical Examination by Sequis Medical officer}

Dapat	Tidak	Dapat	Tidak
<input type="checkbox"/>	<input type="checkbox"/> Mandi	<input type="checkbox"/>	<input type="checkbox"/> Berpakaian
<input type="checkbox"/>	<input type="checkbox"/> Melakukan BAB dan BAK	<input type="checkbox"/>	<input type="checkbox"/> Makan dan Minum
<input type="checkbox"/>	<input type="checkbox"/> Berjalan	<input type="checkbox"/>	<input type="checkbox"/> Bekerja (dalam/luar) rumah *coret yg tak perlu
<input type="checkbox"/>	<input type="checkbox"/> Berjalan		

Other symptoms &/or limited activity that occurred:

Those conditions have occurred since date (dd/mm/yyyy)..... lasting for: <6months =>6months

Will those conditions be permanent & irreversible?

Yes, why?

No, for how long?

10. Prognosis:

11. Other supportive medical test result (example: inpatient resume, lab, operative report, etc)-> *Please attach all the copies:*

12. Treatment/ therapy/ medication:

13. Important information about patient & treatment that should be clarified/ explained (such as HIV, alcoholism, drug abuse):

Regarding claim process, please attach the copy of medical resume & the result of related tests/laboratory/X-ray/etc which are supporting the confirmed diagnosis.

Place & Date, _____

(_____)
Clear name, signature & certified stamp

Please do not give this form to patient or patient's family, please forward directly to Sequis Life as confidential issue