

## ATTENDING PHYSICIAN STATEMENT CRITICAL ILLNESS; SPEECH LOSS

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	:	_____		

- Anamnesis:
  - Diagnosis & the date of established diagnosis for first time (dd/mm/yy)...../...../.....:
  - The etiology of disease:
  - Was the tracheostomy performed (*please tick 'v' as the answer*)?  
 No  
 Yes, performed on date (dd/mm/yy) ...../...../....., functioning for:  < 3months  
 => 3months
  - Was the patient hospitalized in ICU/ Intensive Care Unit?  No  
 Yes, from date (dd/mm/yy) ...../...../.....to date ...../...../.....
  - Was the disease **recoverable**?  
 No, occurred from date (dd/mm/yy) ...../...../....., lasting for:  < 12 months  
 => 12 months  
 Yes. The treatment was/were=  implant insertion, i.e. ....  
 aid/ device, i.e. ....  
 medication, i.e. ....  
 other, i.e. ....
- Prognosis:
- Other supportive medical test result (example: inpatient resume, lab, XRay operative report, etc)->  
*Please attach all the copies:*
  - 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