Manulife

ATTENDING PHYSICIAN'S STATEMENT
LOSS OF SPEECH

A) Patient's Particulars

Name of Patient	Gender
NRIC/FIN or Passport No.	Date of Birth (ddmmyyyy)

B) Patient's Medical Records

1) Please state over what period does the Hospital/Clinic's record extend?

(i) Date of First Consultation (ddmmyyyy)

(ii) Date of Last Consultation (ddmmyyyy)

(iii) Number of consultations during the above period:

(iv) Name of hospital/clinic and Reasons for consultations (with dates):

2) Are you the patient's usual medical doctor? ❒ Yes ❒ No

If "Yes", since when? (ddmmyyyy)

If "No", please provide name and address of the patient's regular doctor.

3) Was the patient referred to you? ❒ Yes ❒ No

If "Yes", please provide:

(i) Date referred (ddmmyyyy)

(ii) Reason the patient was referred:

(iii) Name and address of doctor recommending the referral:

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:

(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. cyst, tumour, hepatitis, diabetes, hypertension, hyperlipidaemia, anaemia, etc.). ❒ Yes ❒ No

If "Yes", please provide:

Details of symptoms	Exact diagnosis	Date diagnosed	Treatment

6) Name and address of doctor whom the patient consulted for the condition(s) stated in Question (5) above.

7) What is your source of the above 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:

No. of years of smoking	No. of sticks per day	Source of information

9) Please give details of the patient's habits in relation to **alcohol consumption**, including the amount of the alcohol consumption, frequency and the source of this information.

Type of alcohol	Quantity per Consumption	Frequency (per week / month, etc)	Source of information

C) Details of Illness

1) Please provide details of **Loss of Speech** condition:

(i) Date the patient First consulted you for this condition (ddmmyyyy) | | | | | | | | |

(ii) Details of symptom(s) presented during the First consultation, and date these symptoms First started.

(iii) What is the underlying cause(s) of the symptoms?

(iv) Exact Diagnosis of the condition:

ICD-10 Code (if applicable):

(v) Date of First Diagnosis (ddmmyyyy) | | | | | | | | |

(vi) Date the patient first became aware of the illness/condition(ddmmyyyy) | | | | | | | | |

2) Name and address of the doctor who **First** diagnosed the patient with this condition.

3) Is the loss of speech due soley to injury *or* disease of the vocal cord? ❒ Yes ❒ No

If "Yes", please provide details:

(i) Injury to vocal cord:

(ii) Disease of vocal cord:

4) Is the loss of speech contributed by or associated with any neurological or psychiatric conditions? ❒ Yes ❒ No

If "Yes", please provide details on the date of diagnosis, exact diagnosis and name and address of attending doctor.

5) Is the patient currently undergoing any speech therapy sessions? ❒ Yes ❒ No

If "Yes", please state:

Frequency Duration

If "No", please state date of last speech therapy session (ddmmyyyy)

Has there been any improvement in the patient's speech since onset of the condition? ❒ Yes ❒ No

If "No", please elaborate.

6) Name and address of attending doctor where the sessions were done.

7) Is the loss of speech total and irrecoverable? ❒ Yes ❒ No

If "Yes", please provide details of the investigation performed to confirm the loss is total and irrecoverable.

Please attach a copy of diagostic test reports (e.g. fiberoptic nasolaryngoscopy, etc.)

8) Has the inability to speak lasted for a continuous period of 12 months? ❒ Yes ❒ No

If "Yes", please state the the period the patient has been continously unable to speak. Months

D) Other Information

1) What is the prognosis of the patient's condition?

2) Is the loss of speech in any way related or due to congenital anomaly or defect? ❒ Yes ❒ No
If "Yes", please provide details including date of diagnosis.

3) Is the patient's condition or surgery performed in any way related or due to:

(i) Use of drug not prescribed by a registered medical practitioner or drug abuse? ❒ Yes ❒ No

(ii) Alcohol abuse/misuse? ❒ Yes ❒ No

4) Is there anything in the patient's **lifestyle or personal medical history** which would have increased the risk of **Loss of Speech**? If "Yes", please give details: ❒ Yes ❒ No

Exact diagnosis	Date of diagnosis	Name of doctor & Address of hospital/clinic

5) Please describe and elaborate on the nature and severity of the patient's disability and limitation, if any.

6) Are you aware of any other doctor(s) (in Singapore or Overseas) whom the patient consulted for this condition or any other related diseases? If "Yes", please give details: ❒ Yes ❒ No

Name of doctor and Address of hospital/clinic	Date first & last consulted	Reasons for consultation

7) Please enclose copies of all reports including specialist or hospital reports, diagnostic reports, CT scans, MRI, other imaging stdies, laboratory evidence, surgical report, etc. that are available.

E) Declaration

I hereby declare that the above answers are true to the best of my knowledge and belief.

Signature of Doctor	Address & Offical Stamp of Doctor
Name of Doctor	
Date (ddmmyyyy)	