

## ATTENDING PHYSICIAN'S STATEMENT SYSTEMIC LUPUS ERYTHEMATOSUS WITH LUPUS NEPHRITIS

A)	Patient's Particulars							
Name of Patient					G	Gender		
NRIC/FIN or Passport No.  Date of Birth (ddm								
ININ	tion in or rassport no.	Date	01 151	l (uc	JIIIII)	<u>yyyy)</u>		
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:		1			II		
	()							
	(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.							
	ii No , please provide name and address of the patient's regular doctor.							
3)	Was the patient referred to you?						Yes	☐ No
3)	Was the patient referred to you?  If "Yes", please provide:					J	res	□ NO
			1					
	(i) Date referred (ddmmyyyy)							
	(ii) Reason the patient was referred:							
	(***) Name and address of deaths accommodition the actional.							
	(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.)							
	11 110 ; now and the patient come to content at your hoopital office. (e.g. / tall.)							
4)	Have you referred the patient to any other doctor?						Yes	☐ No
	(i) Date referred (ddmmyyyy)							
	(ii) Reason for referral:		1					
	( )							
	(iii) Name and address of doctor referred to:							
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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:									
	Details of symptoms	Exact diagnosis	Date diagnosed	Treatm	ent					
6)			consulted for the condition(s) sta	ated in Qu	estion 5 a	bove.				
7)	What is your source of the a									
8)	habits, number of cigarettes	smoked per day an		_			smok	ing		
	No. of years of smoking	No. of	sticks per day	Source	e of inforn	<u>nation</u>				
9)	consumption, frequency and		tion to <b>alcohol consumption</b> , in nformation.				alcoho	ol		
	Type of alcohol	Quantity per Consumption	Frequency (per week / month, etc.)	Source	of inform	nation_				
		<u></u>	<u> </u>							
C)	Details of Illness									
<b>C)</b>	Details of Illness Please provide details of Sys									
		stemic Lupus Eryt	hematosus condition.							
	Please provide details of <b>Sy</b> (i) Date the patient First co	stemic Lupus Eryt	hematosus condition.	oms First	started.					
	Please provide details of <b>Sy</b> (i) Date the patient First co	stemic Lupus Eryt ensulted you for this resented at first cor	hematosus condition.  condition (ddmmyyyy)  nsultation, and date these sympt	oms First	started.			<u> </u>		
	Please provide details of <b>Sy</b> :  (i) Date the patient First co  (ii) Details of symptom(s) p	stemic Lupus Eryt onsulted you for this resented at first cor cause(s) of the symp	hematosus condition.  condition (ddmmyyyy)  nsultation, and date these sympt	oms First	started.					
	Please provide details of <b>Sy</b> (i) Date the patient First co (ii) Details of symptom(s) p (iii) What is the underlying of	stemic Lupus Eryt consulted you for this resented at first con cause(s) of the symp	hematosus condition.  condition (ddmmyyyy)  nsultation, and date these sympt	oms First	started.					
	Please provide details of Systim (i) Date the patient First condition (ii) Details of symptom(s) provided (iii) What is the underlying of (iv) Exact Diagnosis of the condition (iv) Exact Diagnosis (iv) Exact Diagnos	stemic Lupus Eryt onsulted you for this resented at first con cause(s) of the symp condition:	hematosus condition.  condition (ddmmyyyy)  nsultation, and date these sympt	oms First	started.					

2)	Name and address of the specialist in Rheumatology and Immunology who <b>first</b> diagnosed the patient <b>Lupus Erythematosus</b> 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:	☐ Yes	□ No
	Class  (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 <b>current</b> 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)				
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D)	Other Information				
1)	What is the prognosis of the patient's condition?		-1616		
2)	Are you aware of any other doctor(s) (in Singapore or Overseas) whom the patient Systemic Lupus Erythematosus / Lupus Nephritis or any possible related in If "Yes", please give details:  Name of doctor and Address of Date of first & last consulation Reason hospital/clinic	Iness?	ed for the	☐ Yes	□ No
3)	Has the patient ever been hospitalised for the <b>Systemic Lupus Erythematosus Lupus Nephritis</b> or its related symptoms or complications?  If "Yes", please advise:  Date of hospitalisation  Reasons for hospitalisation  Treatment receiv (including operation,	ed		☐ Yes of doctor/sur ess of hosp	

4)	Is there anything in the patient's <b>personal medical history</b> or <b>family history</b> 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	/clinic			
	•	-					
5)	Please describe the nature	and severity of the patient's <b>p</b>	hysical and mental disability and limitation	n, if any.			
6)	Please provide us with any	other additioanl information th	at will enable the Company to assess this	claim.			
7)	Please enclose a copy of all I are available.	reports including specialist or	hospital reports, laboratory evidence, surgi	cal report, et	c. that		
	Danis and an						
E)	Declaration						
I he	ereby declare that the above a	nswers are true to the best of	my knowledge and belief.				
S	Signature of Doctor	-	Address & Offical Stamp of Doctor				
N	Name of Doctor						
D	Date (ddmmyyyy)						