



	CI-02 DOCTOR'S STATEMENT - CRITICAL ILLNESS - HEART RELATED							
	MEDICAL REPORT TO BE COMPLETED BY THE ATTENDING PHYSICIAN/ SPECIALIST							
Please attach copies of ALL relevant hospital / operation reports, laboratory and test results. For any medical report fee incurred in completing this form, it will be borne by Person Covered.								
N	ame of Patient (Person Covered)		Ne	ew NRIC No.			
] -	-	
Dia	gnosis							
(i)	Please describe the full and ex	act diagnosis.	(i)					
(ii)	i) Date when the illness was FIRST diagnosed?		(ii) / / (dd/mm/yyyy)					
(iii)		diagnosis established by investigation? (iii) Yes No						
	Investigations/ Tests	Date and Time	Investiga	ations / Tests Resu	ılt (Units)	Normal Rang	ge (Units)	
	Cardiac Marker (CK)							
	Cardiac Marker (CPK-MB)							
	Cardiac Marker (Troponin T)							
	Cardiac Marker (Troponin I)							
	Chest X-ray							
	Cardiac catheterization							
	ECG							
	ECHO/Other							
(iv)	Has the patient previously had	the same or	(iv) Yes	🗌 No				
	similar condition? If "		lf "Yes", plea	If "Yes", please state the first treatment date				
	[(dd/mm/yyyy)				
			Please state	Please state symptoms or condition presented:				
	Heart Attack/ Myocardial Infarc	cion (MI)						
1.	Patient complaint of having che			(i) Yes			(dd/mm/yyyy)	
							(dd/mm/yyyy)	
	Cardiomyopathy - of specified	severity						
1.	Is there any Cardiomyopathy/c at present (at the same time of			1. 🗌 Yes	🗌 No			
	(i) Please state the severity of on New York Heart Associat		(i) Class					
				Please pr	rovide details of curr	ent limitations		
	(ii) Is the cardiac impairment lik	kely to be permaner	nt?	(ii) 🗌 Yes	🗌 No			
2.	Is there evidence of ventricular	dysfunction? If "Ye	es",	2. 🗌 Yes	🗌 No			
	(i) Please provide the ejection fraction reading:			(i)				
	(ii) Date Echocardiogram perfo	rmed:		(ii)	/ /	(de	d/mm/yyyy)	
3.	Is the condition of Cardiomyop abuse?	athy directly related	to alcohol or drug	3. 🗌 Yes	No No			

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Serious Coronary Artery Disease							
1. Date and time of angiogram performed	(i) / / (dd/mm/yyyy) a.m. / p.m.						
2. Please specify the coronary arteries involved a	Please specify the coronary arteries involved and the percentage of stenosis as proven by angiogram / angiographic evidence.						
Major Coronary Artery	Stenosis Percentage (%) of stenosis						
	Yes No						
Left Main Coronary							
Left Anterior Descending Artery							
Left Circumflex Artery							
Right Coronary Artery If other than above, please specify in details:							
Coronary Artery Bypass Surgery							
1. Date and time of surgery	1. (dd/mm/yyyy) a.m. / p.m.						
2. The approach was via	2. Open-chest surgery						
	Copen-cnest surgery						
	(i.e. intra-arterial procedure, catheter based techniques, keyhole procedure, laser						
Angioplasty and Other Invasive Treatments for	procedure)						
1. Date and time of procedure was performed							
1. Date and time of procedure was performed	1 / (dd/mm/yyyy) a.m. / p.m.						
	Coronary Artery Balloon Angioplasty Angioplasty and stent placement to correct a narrowing or blockage						
	Artherectomy						
	Laser treatment Others, ie						
Primary Pulmonary Arterial Hypertension - of S							
1. Cause of pulmonary hypertension 1. without a known case							
	result of other disease, ie						
2. Is there any evidence of right ventricular failure	2. Yes No						
(i) Please state the severity of cardiac							
impairment based on New York Heart Association (NYHA) classification?	(i) Please provide details of current limitations						
(ii) In the cordina imposite and the back to be							
(ii) Is the cardiac impairment likely to be permanent?							
(iii) Will the cardiac impairment improved?	(iii) 🗌 Yes 🔅 No						
Heart Valve Surgery							
1. Date and time of surgery	1. (dd/mm/yyyy) a.m. / p.m.						
2. (i) The approach was via	(i) Open heart surgery						
	□ Intra arterial procedure						
	Key-hole surgery						
	☐ Others:						
(ii) The procedure done was:	(ii) 🗌 Valvotomy / Valvuloplasty 🗌 Valve repair 🔲 Valve replacement						

Surgery to Aorta						
	Date and time of surgery For Surgery to aorta:	1. / / / (dd/mm/yyyy)	_ a.m. / p.m.			
(i) The approach was via:	(i) Thoracotomy Catheter based techniques Laparotomy Key-hole procedure Intra-arterial procedure Laser procedure				
(ii) The surgery was performed for:	(ii) Aneurysm Obstruction Dissection Coarctation Others:				
(iii) The surgery was performed at:	(iii) Thoracic aorta Abdominal aorta Aortic branches:				
DEC	CLARATION: TO BE COMPLETED BY THE	E ATTENDING PHYSICIAN/ SPECIALIST				

I, the undersigned, certify that I have examined the above Person Covered and all statement made and answers given are true and to the best of my knowledge and belief.

	Name:
	Address:
Signature and Official Stamp	Date: / / / (dd/mm/yyyy)

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