

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 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
 Other than open-chest surgery (i.e. intra-arterial procedure, catheter based techniques, keyhole procedure, laser procedure)

Angioplasty and Other Invasive Treatments for Coronary Artery Disease

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 Intra-arterial investigative procedures
- Laser treatment Others, ie _____

Primary Pulmonary Arterial Hypertension - of Specified severity

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? Class I II III IV
(i) Please provide details of current limitations

- (ii) Is the cardiac impairment likely to be permanent? (ii) Yes No
- (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

1. Date and time of surgery

2. For Surgery to aorta:

(i) The approach was via:

(ii) The surgery was performed for:

(iii) The surgery was performed at:

1. / / (dd/mm/yyyy) _____ a.m. / p.m.

(i) Thoracotomy Catheter based techniques

Laparotomy Key-hole procedure

Intra-arterial procedure Laser procedure

(ii) Aneurysm Obstruction

Dissection Coarctation

Others: _____

(iii) Thoracic aorta

Abdominal aorta

Aortic branches: _____

DECLARATION: TO BE COMPLETED BY THE 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.

Signature and Official Stamp

Name: _____

Address:

Date: / / (dd/mm/yyyy)

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