

Chronic Relapsing Pancreatitis

1 Diagnosis:

(i) The patient was diagnosed of

- (i) Acute pancreatitis
- Chronic pancreatitis

(ii) What caused the pancreatitis episodes?

(ii) _____

(iii) Is the pancreatitis caused by drug or alcohol use?

- (iii) Yes No

2 Details of diagnosis :

(i) Has the patient's pancreatitis lasted more than THREE (3) attacks?

- (i) Yes No

(ii) If "Yes", please state:

(a) Date of 1st (FIRST) attack:

(ii)(a) / / (dd/mm/yyyy)

(b) Date of 2nd (SECOND) attack:

(ii)(b) / / (dd/mm/yyyy)

(c) Date of 3rd (THIRD) attack:

(ii)(c) / / (dd/mm/yyyy)

(d) Date of 4th (FOURTH) attack:

(ii)(d) / / (dd/mm/yyyy)

(iii) Is there any permanent pancreatic dysfunction causing malabsorption?

- (iii) Yes No

(iv) Will patient needs enzyme replacement therapy?

- (iv) Yes No

3 Investigation:

(i) Was there Endoscopic Retrograde Cholangio-Pancreatography (ERCP) done to confirm the diagnosis?

- (i) Yes No

(ii) If "Yes", please provide below:

(a) The date of ERCP performed:

(ii)(a) / / (dd/mm/yyyy)

(b) Please provide the findings/results:

(ii)(b) _____

(iii) If "No", please provide the reason(s):

(iii) _____

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)