

**CI-06 DOCTOR'S STATEMENT - CRITICAL ILLNESS - KIDNEY RELATED CONDITIONS**
**CI-06**

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.

Name of Patient (Person Covered)

New NRIC No.


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**Diagnosis**

(i) Please describe the full and exact diagnosis.

 (i) \_\_\_\_\_  
 \_\_\_\_\_

(ii) Date when the illness was FIRST diagnosed?

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

(iii) Has the patient previously had the same or similar condition?

 (iii)  Yes  No

If "Yes", please state the first treatment date

 /  /  (dd/mm/yyyy)

Please state symptoms or condition presented:

\_\_\_\_\_

**Kidney Failure - requiring regular dialysis or kidney transplant**

1 (i) Has the patient reached the end stage of kidney failure with chronic irreversible failure of both kidneys to function?

 (i)  Yes  No

2 (i) Is the Person Covered currently undergoing regular peritoneal dialysis or haemodialysis?

 (i)  Yes  No

(ii) Please state the date dialysis was FIRST started

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

3 (i) Has the Person Covered undergone a kidney transplant?

 (i)  Yes  No

(ii) Please state the date of transplantation

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

(iii) If 'no', is there any surgery planned?

(iii) \_\_\_\_\_

**SLE with Severe Kidney Complications**

1 (i) If the kidney disease is due to Systemic Lupus Erythematosus (SLE), please indicate the WHO classification of the Type of Lupus Nephritis as confirmed by renal biopsy:

- Type I - Minimal change glomerulonephritis
- Type II - Mesangial glomerulonephritis
- Type III - Focal Segmental glomerulonephritis
- Type IV - Diffuse glomerulonephritis
- Type V - Membranous glomerulonephritis

(ii) The SLE involves the following area or organs:

- Blood  Joints  Kidneys
- Skin  Lungs
- Others: \_\_\_\_\_

**Medullary Cystic Disease**

(i) Please give full details of diagnostic tests findings and results (e.g. renal biopsy / MRI / CT Scan / Ultrasound)

*\*Please attach the renal biopsy report if any.*

(ii) Is there presence of cysts in the medulla, tubular atrophy and interstitial fibrosis?

(iii) Please indicate if any of the following clinical manifestation(s) is/are present:

*\*Please tick which is applicable.*

(iv) Has patient reached the end stage kidney failure?

(i) \_\_\_\_\_  
\_\_\_\_\_

(ii)  Yes  No

(iii)  Anaemia  
 Polyuria  
 Renal loss of sodium

(iv)  Yes  No

**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)