

Third Degree Burns - of specified severity

2 What is the percentage (%) of Total Body Surface Area (TBSA) burns as measured by "The Rule of 9" of the Lund & Browder ?

Depth of Burn	Area affected and Percentage (%) Affected
1st Degree	
2nd Degree	
3rd Degree	
4th Degree	

Progressive Scleroderma

1 (i) Which form of scleroderma does the patient have?

(ii) Please state if patient is suffering from the following:

- (i) Systemic scleroderma
 Localised scleroderma
(ii) Localised scleroderma (linear scleroderma or morphea)
 CREST syndrome
 Eosinophilic fasciitis
 None of the above

2 Please describe the extent of the illness:

- (i) Was the skin involved?
Please specify the body area affected?

(ii) Was the blood vessels involved?
(iii) Was the heart involved?
(iv) Were the lungs involved?
(v) Were the kidneys involved?

- (i) Yes No

(ii) Yes No
(iii) Yes No
(iv) Yes No
(v) Yes No

3 Please provide details of investigations performed to confirm the diagnosis.

- (i) Serology:
(a) The date of test performed:
(b) Please provide the findings/results:
(ii) Biopsy:
(a) The date of test performed:
(b) Please provide the findings/results:

- (i)(a) / / (dd/mm/yyyy)
(i)(b) _____
(ii)(a) / / (dd/mm/yyyy)
(ii)(b) _____

End-Stage Lung Disease

- 1 (i) Does the Person Covered have dyspnea at rest?
(ii) Is Person Covered on continuous permanent oxygen therapy at present?
(ii) How is the oxygen administered at home?

- (i) Yes No
(ii) Yes No
(iii) _____

2 Please provide details of the lung function tests done (including dates and results)

Lung Function Tests	Date: _____	Date: _____	Date: _____	Date: _____
FEV1				

End-Stage Lung Disease

3 Please provide details of all arterial blood gas (ABG) analysis done (including dates and results)

Arterial Blood Gas Analysis	Date: _____	Date: _____	Date: _____	Date: _____
PaO2				

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)

This page is intentionally left blank