HSBC Life

Attending Physician Statement - Heart Attack

Instruction to doctor: This patient is insured with us against the happening of certain contingent events associated with his health. A claim has been submitted in connection with Heart attack / Cardiomyopathy / Cardiac arrhythmia / Pericardial disease. To enable us to assess the claim, please complete this report and return it directly to our company. For questions where date is applicable, please complete in the format of day/month/year.

To be completed and signed by the Attending Physician

I hereby certify that I personally examined the patient and my records and medical opinion are as follows:

1. Name of patient : _____ NRIC no. : _____

2. Are you the patient's regular medical attendant? ☐ Yes ☐ No
If yes, please provide details beginning with the first record in your clinic:

Date(s) consulted	Purpose & details of Consultation(s)	Diagnosis	Nature of treatment rendered, including type of tests and/or surgeries done

If no, do you know the name and address of the patient's regular medical attendant(s)?
☐ Yes ☐ No

If yes, please provide details:

Name of medical attendant	Address

3. Details of the consultation

3.1 Date you were first consulted for *heart attack or cardiomyopathy or cardiac arrhythmia or pericardial disease (state the condition consulted).

_____

HSBC Life

Attending Physician Statement - Heart Attack

3.2 State the symptoms presented, the medical history as presented by the patient and date when the symptoms first appeared.

Symptoms Presented at first consultation	Date symptoms first started

3.3 Where is the source of this information about the patient's condition? (Patient or referring doctor or others. If others, please specify)

_____

3.4 In your opinion, how long do you think the symptoms first appeared prior to consulting you?

_____

3.5 If the patient was referred to you OR if the patient had seen other doctor(s) before consulting you for this medical condition or its symptoms, please provide details:

Name of doctor(s) or hospital(s)	Address of doctor(s) or hospital(s)	Date consulted or date referred to you

(Please continue with your documentation on a blank page if there are more than 3 records and attached it with this report)

4. Details of the illness

4.1 Details of diagnosis:

Doctor's diagnosis	
Diagnosis date	
Underlying cause (if any)	

HSBC Life

Attending Physician Statement - Heart Attack

4.2 Date of when patient was first informed of the diagnosis: _____

4.3 Name of doctor or hospital who first made the diagnosis:

_____

4.4 Please describe the initial episode regarding the onset of heart attack as follows:

Nature of episode	
Date of initial episode	
Duration of acute symptoms	
Date return to normal activities	

4.5 Was there a current history of typical ischaemic chest pain? ☐ Yes ☐ No

4.6 Were there any changes in the ECG indicative of new myocardial infarct? ☐ Yes ☐ No

4.7 Was there any elevation of cardiac enzyme CK-MB? ☐ Yes ☐ No

4.8 Was there a diagnostic elevation of Troponin (T or I)? ☐ Yes ☐ No

4.9 Was there diagnostic elevation of any other cardiac enzymes? ☐ Yes ☐ No

4.10 Was there death of a portion of the heart muscle? ☐ Yes ☐ No

4.11 Was there left ventricular ejection fraction of less than 50% measured three months or more after the event? ☐ Yes ☐ No

If yes, please provide date of test and copies of the test results.

4.12 is an additional question for serious cardiac arrhythmia

4.12 Type of cardiac arrhythmia presented. Please include a copy of ECG tracing.

_____

HSBC Life

Attending Physician Statement - Heart Attack

4.13 to 4.15 are additional questions for cardiomyopathy

4.13 Has the patient *previously* had any cardiac investigation done such as ECG, Echocardiogram, CT scan, etc? ☐ Yes ☐ No

If yes, please provide details and enclose copies of the investigation reports.

Type of investigation done	
Date of investigation done	

4.14 Was the diagnosis of cardiomyopathy made unequivocally by cardiac echocardiogram?

☐ Yes ☐ No

If yes, please attach a copy of echocardiogram report.

If no, please specify the basis of diagnosis.

_____

4.15 Does the patient have any cardiac and/or physical impairment which fulfills the New York Heart Association (NYHA) classification of Cardiac Impairment criteria? ☐ Yes ☐ No

If yes, please provide details.

i. State the class of impairment (Class I or II or III or IV).

_____

ii. Description of current cardiac and/or physical impairment(s).

_____

iii. Are the above-mentioned impairment(s) permanent? ☐ Yes ☐ No

iv. Date of your last assessment of the patient which the above-mentioned impairment continued to persist.

_____

v. How long had the above-mentioned impairment lasted since its onset?

_____

HSBC Life

Attending Physician Statement - Heart Attack

4.16 Was the diagnosis supported by radiological or laboratory evidence and confirmed by a cardiologist? ☐ Yes ☐ No

a) If yes, please state mode of investigation done to establish the above diagnosis and attach copies of resting ECGs, exercise stress tests echocardiogram, enzymes assays, isotope imaging, coronary and LV angiography, CT scan, operation reports and other diagnostic reports.

b) If no, why and on what basis did you derive at such diagnosis?

_____

4.17 Is the patient's condition or surgery performed in any way related or due to:

(a) AIDS or HIV related illness? ☐ Yes ☐ No
(b) Use of drug not prescribed by a registered medical practitioner or drug abuse? ☐ Yes ☐ No
(c) Alcohol abuse/misuse? ☐ Yes ☐ No
(d) Attempted suicide or self-inflicted injuries? ☐ Yes ☐ No

If yes for (a) to (c), please provide details and enclose a copy of the test result:

Diagnosis date	
Name and address of doctor who first diagnosed the patient with HIV, AIDS, drug abuse or alcohol abuse	

5. Details of treatment and surgery

5.1 State the full details of all treatment provided (example medication, therapy).

Nature of treatment	Date(s) of treatment

5.2 Was there any surgery performed or going to be performed? ☐ Yes ☐ No
If yes, please provide details and enclose a copy of the operation report:

Nature of surgery performed or going to be performed	Date(s) of surgery

HSBC Life

Attending Physician Statement - Heart Attack

5.3 Was the above surgical procedure performed considered a keyhole cardiac surgery?
☐ Yes ☐ No

5.4 to 5.8 are additional questions for serious cardiac arrhythmia

5.4 Was pathway ablation therapy attempted? ☐ Yes ☐ No
If no, please state the reason why this is not done.
_____

5.5 Was a permanent cardiac pacemaker inserted as a result of cardiac arrhythmia?
☐ Yes ☐ No
If yes, please state the date of insertion.
_____

5.6 Was a permanent cardiac defibrillator inserted as a result of cardiac arrhythmia?
☐ Yes ☐ No
If yes, please state the date of insertion.
_____
_____

5.7 Was the insertion of permanent cardiac pacemaker or defibrillator certified to be absolutely necessary to treat the patient's cardiac arrhythmia by a cardiologist?
☐ Yes ☐ No

5.8 Is there other mode of treatment, other than insertion of cardiac pacemaker or defibrillator, which could have been used to treat the patient's arrhythmia? ☐ Yes ☐ No

If yes, please state the nature of other mode of treatment and why this treatment was not used.

_____

5.9 to 5.10 are additional questions for pericardial disease

5.9 Was pericardectomy carried out to treat the patient's pericardial disease? ☐ Yes ☐ No
If yes, please state why pericardectomy was found necessary.

_____

5.10 Is there other mode of treatment, other than pericardectomy, which could have been used to treat the patient's pericardial disease? ☐ Yes ☐ No
If yes, please state the nature of other mode of treatment and why this treatment was not used.

_____

HSBC Life

Attending Physician Statement - Heart Attack

5.11 Patient's response to the treatment: _____

5.12 Was the patient referred to other doctor(s) for follow up or further management? ☐ Yes ☐ No

If yes, please state name and address of doctor(s) or hospital(s) and the reason(s) for referral.

_____

5.13 Is the patient still on follow up treatment with you? ☐ Yes ☐ No

If yes, please state the follow up treatment plan.

_____

6. Regarding the patient's medical history

6.2 Has this patient *previously* suffered from the same condition or any related illnesses such as angina, heart disease, hypertension, diabetes, hyperlipidemia or other vascular disease? ☐ Yes ☐ No

If yes, please provide details:

Date of when condition was first diagnosed	
Resulting diagnosis	
Name and address of doctor who attended to patient (if not attended to by you).	

6.3 Is the patient suffering from or suffered from any other medical conditions? ☐ Yes ☐ No

If yes, please provide details:

Name of doctor(s) or hospital(s) & Address	Diagnosis	Diagnosis date	Nature of treatment rendered, including type of tests and/or surgeries done

(Please continue with your documentation on a blank page if there are more than 2 records and attached it with this report)

HSBC Life

Attending Physician Statement - Heart Attack

6.4 Is there anything in the patient's personal medical history which would have increased the risk of heart disease or heart attack? ☐ Yes ☐ No
If yes, please provide full details, including the date of diagnosis, name and address of attending doctor and source of information.

_____

6.5 Is there anything in the patient's family history which would have increased the risk of heart disease or heart attack? ☐ Yes ☐ No
If yes, please provide full details, including relationship, nature of illness, date of diagnosis and source of source of information.

_____

6.6 Please provide details of the patient's habits in relation to cigarette smoking, including the duration of the smoking habit, number of cigarettes smoked per day and source of information.

_____

6.7 Please provide details of the patient's habits in relation to alcohol consumption, including the amount of alcohol consumption per day and source of information.

_____

7. Please provide us with any other additional information that will enable us in assessing this claim.

_____ _____
Date Name and signature of doctor

_____ _____
Address and official stamp Qualifications