eTiQa Takaful

DOCTOR'S STATEMENT
(Critical Illness – Heart Attack)

CONTRACT NO. …………………………….

To be completed by Registered Medical Practitioner at Participant/Claimant's own expense

The following definition must be fulfilled in order for the claim to be valid:-

HEART ATTACK
The death of a portion of the heart muscle (myocardium) as a result of inadequate blood supply and being evidenced by:-

a) A history of typical prolonged chest pain,
b) New electrocardiographic changes resulting from this occurrence,
c) Elevation of the cardiac enzyme (CPK-MB) above the generally accepted laboratory levels of normal.

Diagnosis based on the elevation of Troponin T test alone shall not be considered diagnostic of a heart attack. Angina is specifically excluded.

Name of the Participant : ………

NRIC No.. ……………………………………..… Sex: ☐ Male ☐ Female Age : ……………….

GENERAL INFORMATION

1. (a) Are you the Participant's usual doctor? ☐ Yes ☐ No

   (b) If 'Yes', since when the Participant has been consulting you…..……………………………………
   (DD/MM/YYYY)

2. When were you first consulted by the Participant for this illness? …………………………………..
   (DD/MM/YYYY)

3. What were the symptoms present then and for how long? ……………………………………………………………………
   ………
   ………

4. a) Has the Participant suffered from this illness or any related illnesses previously? ☐ Yes ☐ No

   b) If 'Yes', please state dates of consultation, diagnosis & treatment given…..……………………………………
   ………
   ………

5. When and where the Critical Illness was first diagnosed? Date : …………………………… Place: …………………………...
   (DD/MM/YYYY)

6. When was the Participant first informed of the diagnosis? Date……………………………..
   (DD/MM/YYYY)

7. Please state if there is anything in the Participant's family history which would have increased the risk of this illness. ………………..…………
   ………

DETAILS OF THE ILLNESS

1. Please state full and exact details of the diagnosis ……………………………………………………………………..
   ………

2. Please describe the episode:-

   (a) Was there a history of typical prolonged chest pain? ☐ Yes ☐ No

   (b) Were there any changes in the ECG indicative of a myocardial infarction? ☐ Yes ☐ No

   (c) Was there a serial elevation of cardiac enzyme (CPK-MB) above normal limit? ☐ Yes ☐No

   (d) Date of the onset of episode…………………………….(DD/MM/YYYY)

   (e) Date of return to normal activities…………………… .. (DD/MM/YYYY)

3. Was there any evidence of infarction? Please give the results of any investigations carried out, e.g. treadmill ECGs, enzyme levels, isotope imaging, coronary and LV angiography.

   ………

   ………

4. Please advise of any cardiac surgery that has been carried out (date, procedure and at which hospital) or of any future intention to do so

   ………

   ………

5. Has the Participant suffered from/been treated for any other illnesses/complaints other than this Critical Illness? If 'Yes', please give full details.

   ………

   ………

6. Had the Participant, to your knowledge, consulted or treated by any other doctors or hospital? ☐ Yes ☐ No

   If 'Yes', please give detail below:

Name & Address of Doctors / Hospital	Date of Attendance	Illness or Condition Consulted
…………………………	…………………………	…………………………
…………………………	…………………………	…………………………
…………………………	…………………………	…………………………
…………………………	…………………………	…………………………

7. Any further information which in your opinion will assist us in assessing the claim?

   ……………………………………………………………………………………

   ……………………………………………………………………………………

NOTE: Please furnish copies of all investigation reports including X-rays, treadmill ECG, isotope imaging, etc. and any relevant medical reports that are available.

DECLARATION

I hereby declare that the foregoing answers and statements are complete and true to the best of my knowledge and belief.

Signature :______________________________

Name of Attending Physician: ______________________________

Professional Qualification(s) :______________________________

Name of Hospital / Clinic :______________________________

Address :______________________________

Telephone Number :____________________Fax No.: ____________________E-mail :____________________

Date :____________________

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