

Attending Physician Statement - Benign Brain Tumour or Subdural Haematoma

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 Benign Brain Tumour or Subdural Haematoma. 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 *Benign Brain Tumour or Subdural Haematoma: (*Please state the condition consulted)

Attending Physician Statement - Benign Brain Tumour or Subdural Haematoma

- 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)	

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

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

Attending Physician Statement - Benign Brain Tumour or Subdural Haematoma

4.4 to 4.11 are additional questions for Benign Brain Tumour

4.4 What was the site of the brain involved?

4.5 Is the patient's condition life threatening? Yes No

4.6 Has it caused any damage to the brain? Yes No
If yes, please provide details

4.7 Has the tumour caused an increase in the intracranial pressure? Yes No
If yes, please provide details of life threatening condition and/or neurological deficit suffered.

4.8 Has the patient undergone any surgical removal (either totally or partially eradicated) of the tumour? Yes No

4.9 If the brain tumour *has not* been surgically removed (either totally or partially eradicated), please provide details:

4.9.1 Was the brain tumour inoperable? Yes No
If yes, why was it inoperable?

4.9.2 Has the brain tumour caused any neurological deficits? Yes No
If yes, please state:

4.9.2.1 What are the neurological deficit(s)?

4.9.2.2 Are these neurological deficit(s) permanent? Yes No

4.9.2.3 Date on which you last assessed the patient who continued to present with the above neurological deficit(s).

4.10 Is the patient's condition a cyst, a granuloma, vascular malformation in or the brain or haematomas? Yes No

Attending Physician Statement - Benign Brain Tumour or Subdural Haematoma

4.11 Is the patient's condition a tumour of the pituitary gland or spinal cord? Yes No

4.12 is an additional question for Subdural Haematoma

4.12 Was the cause of subdural haematoma a result of accident? Yes No
If yes, please provide details:

Date and time of accident	
Place of accident	
Description of how the accident happened	
Extent of injuries and any other external visible injuries	

4.13 Was the diagnosis of benign brain tumour or subdural haematoma supported by histological, radiological, imaging or laboratory evidence and confirmed by a neurologist or neurosurgeon or a specialist in the relevant field? Yes No

(a) If yes, please state mode of investigation done to establish the above diagnosis or surgery and attach copies of histological, CT scan, MRI, laboratory results, operation reports and other imaging techniques.

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

4.14 Is the patient's condition or surgery performed in any way related or due

(a) AIDS or HIV related illness? Yes No

(b) Use of drug not prescribed by a registered medical practitioner or drug abuse? Yes No

If yes, 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 or drug abuse	

Attending Physician Statement - Benign Brain Tumour or Subdural Haematoma

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

5.3 to 5.4 are additional questions for Benign Brain Tumour

5.3 If the patient has undergone a surgical removal (either totally or partially eradicated) of the brain tumour, please provide the precise histology of the brain tumour.

5.4 Is the patient's condition a partial removal of Pituitary Microadenoma? Yes No

5.5 to 5.6 are additional questions for Subdural Haematoma

5.5 Was the subdural haematoma drained through a burr hole surgery to the head? Yes No

5.6 Was there any other mode of treatment other than the need for the burr hole surgery which could be undertaken to treat the patient's subdural haematoma condition? Yes No
If yes, please specify what was the alternate treatment and why was this treatment not undertaken.

5.7 Patient's response to the treatment: _____

5.8 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.

Attending Physician Statement - Benign Brain Tumour or Subdural Haematoma

5.9 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

6.1 Has this patient *previously* suffered from the same condition or any related illnesses? Yes No

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).	

6.2 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 4 records and attached it with this report)

6.3 Is there anything in the patient's personal medical history which would have increased the risk of benign brain tumour or subdural haematoma? Yes No

If yes, please provide full details, including the date of diagnosis, name and address of attending doctor and source of information.

Attending Physician Statement - Benign Brain Tumour or Subdural Haematoma

- 6.4 Is there anything in the patient's family history which would have increased the risk of benign brain tumour or subdural haematoma? Yes No

If yes, please provide full details, including relationship, nature of illness, date of diagnosis and source of information

- 6.5 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.
-

- 6.6 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