

Attending Physician Statement - Loss of Speech

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 Loss of speech. 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 injury or illness causing loss of speech: _____

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

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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 (date of onset for loss of speech)	
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 for loss of speech:

4.4 Was the patient's loss of speech solely due to the disease or injury to the vocal cords?

Yes No

If yes, please provide details.

(a) Nature of the disease/injury to the vocal cords.

(b) Date of first diagnosis of such disease/injury: _____

(c) Date of when the patient was informed: _____

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(d) Name and address of attending doctor(s) who first diagnosed the disease/injury.

(e) If it was due to injury of the vocal cords, please provide additional details.

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

4.5 Is patient's loss of speech due to lung/ airway disease? Yes No

(a) Did patient receive surgical procedure of Tracheostomy? Yes No
 If yes, is it a permanent or temporary Tracheostomy?
 Temporary tracheostomy Permanent tracheostomy

(b) If it is a Temporary tracheostomy, how long does patient required tracheostomy to remain in place and functional?
 less than 3 months 3 months and above

(c) Was the patient admitted into Intensive Care Unit (ICU) for the treatment of lung/ airway disease that required temporary/ permanent tracheostomy? Yes No

4.6 Where there any associated neurological or psychiatric conditions contributing to the patient's loss of speech? Yes No
 If yes, please provide details.

4.7 Has there been any improvement in the patient's speech since onset of the condition? Yes No

4.8 Has the patient's inability to speak persisted for a continuous period of 12 months? Yes No
 If yes, please provide the date when you last assessed the patient: _____

4.9 Is the patient's loss of ability to speak *total and irreversible*? Yes No
 If yes, what investigations have specifically been performed to verify the diagnosis of irrecoverable loss of speech?

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- 4.10 Was the diagnosis of loss of speech supported by histological, radiological, imaging or laboratory evidence and confirmed by an Ear, Nose, Throat (ENT) specialist? Yes No
- (a) If yes, please state mode of investigation done to establish the above diagnosis or surgery and attach copies of laryngoscopy report, laboratory results, operation reports and other imaging techniques.
- _____

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

- 4.11 Is the patient's condition 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? Yes No
- (d) Congenital anomaly or defect? Yes No
- (e) Psychiatric conditions? Yes No
- (f) Attempted suicide or self-inflicted injuries? 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 the above conditions	

5. Details of treatment and surgery

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

Nature of treatment	Date(s) of treatment, including the frequency and duration of speech therapy.

- 5.2 Was 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

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5.3 Patient's response to the treatment: _____

5.4 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.

5.5 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

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 loss of speech? Yes No

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

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- 6.4 Is there anything in the patient's family history which would have increased the risk of risk of loss of speech? 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