

Attending Physician Statement - Systemic Lupus Erythematosus (SLE) with Lupus Nephritis

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 Systemic lupus erythematosus (SLE) with Lupus Nephritis. 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 Systemic lupus erythematosus (SLE) with Lupus Nephritis:

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

Attending Physician Statement - Systemic Lupus Erythematosus (SLE) with Lupus Nephritis

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	

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 specify the cause of the patient's condition.

4.5 What kind of lupus erythematosus does patient has i.e. Systemic lupus erythematosus, discoid lupus erythematosus, neonatal lupus, subacute cutaneous lupus erythematosus etc?

Attending Physician Statement - Systemic Lupus Erythematosus (SLE) with Lupus Nephritis

4.6 Has the patient's condition resulted in the following?

(a) cardiovascular disease Yes No

(b) affecting kidney(s) Yes No

If yes,

(i) please specify which side of patient's kidney was affected i.e. left, right or both sides

(ii) What is patient's creatinine clearance level in mL/min

(c) anemia Yes No

(d) affecting lung i.e. Inflammation of the pleurae/ pleurisy Yes No

(e) affecting heart i.e. pericarditis Yes No

(f) affecting skin Yes No

If yes, which category of lesions does patient's condition belongs to

chronic cutaneous (discoid) lupus

subacute cutaneous lupus

acute cutaneous lupus

(g) Joint pain Yes No

(h) Did patient do any of the following test(s) which showed positive reading/ result?

If yes, please provide a copy of the laboratory test result.

Anti-nuclear Antibodies

L.E. cells

Anti-DNA

Anti-Sm (Smith IgG Autoantibodies)

4.7 Does patient has systemic lupus erythematosus **WITH** lupus nephritis? Yes No

If yes, what is the classification of patient's Lupus Nephritis based on WHO classification?

(Please tick one)

Class I : Minimal Change Lupus Glomerulonephritis

Class II : Mesangial Lupus Glomerulonephritis

Class III : Focal Segmental Proliferative Lupus Glomerulonephritis

Class IV : Diffuse Proliferative Lupus Glomerulonephritis

Class V : Membranous Lupus Glomerulonephritis

Attending Physician Statement - Systemic Lupus Erythematosus (SLE) with Lupus Nephritis

4.8 If Yes to Question 4.7, does patient presented with any of the following conditions suggested by The American College of Rheumatology?

- Malar rash Discoid rash Photosensitivity Oral Ulcers Arthritis
 Serositis Renal Disorder Leukopenia (<4,000/mL) Lymphopenia (<1,500/mL)
 Haemolytic anaemia Thrombocytopenia (<100,000/mL) Neurological disorder

4.9 Was patient's diagnosis of systemic lupus erythematosus with lupus nephritis supported by renal biopsy, blood tests, or other laboratory evidence confirmed by doctor specialising in Rheumatology and Immunology? Yes No

(a) If yes, please state mode of investigation done to establish the diagnosis and attach copies of the above mentioned report(s).

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

5. 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

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	

6. Details of treatment and surgery

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

Nature of treatment	Date(s) of treatment

Attending Physician Statement - Systemic Lupus Erythematosus (SLE) with Lupus Nephritis

- 6.2 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

- 6.3 Patient's response to the treatment: _____

- 6.4 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.
- _____

- 6.5 Is the patient still on follow up treatment with you? Yes No
If yes, please state the follow up treatment plan.
- _____

7. Regarding the patient's medical history

- 7.1 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).	

- 7.2 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

Attending Physician Statement - Systemic Lupus Erythematosus (SLE) with Lupus Nephritis

7.3 Is there anything in the patient's personal medical history which would have increased the risk of Systemic lupus erythematosus? Yes No
If yes, please provide full details, including the date of diagnosis, name and address of attending doctor and source of information.

7.4 Is there anything in the patient's family history which would have increased the risk of Systemic lupus erythematosus? Yes No
If yes, please provide full details, including relationship, nature of illness, date of diagnosis and source of information.

7.5 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.

7.6 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.

8. 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