



Attending Physician's Statement

If there is insufficient space on the form to complete a particular question, please continue on a blank sheet of paper.

Name of Patient		NRIC / Passport Number / FIN
Height (cm)	Weight (kg)	Smoker Status

A. Questions

1. Please indicate the date the patient first saw you.

2. Please indicate the last consultation date.

3. What was/were the exact diagnosis (es)?

4. What was/were the underlying cause(s)?

5. What were the presented symptoms?



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6. What medication / treatment was administered to the patient? Is he/she compliant to the treatment / medication?

7. Were there any complications? If so, please indicate them.

8. What were the investigations done? Please provide dates and results. Please also provide a copy of all investigative reports.

Date of Investigation	Type of Investigation	Details and Results of Investigation

9. Is the patient currently on any follow-up? If yes, please indicate the frequency and the next follow-up date.

10. Are there any factors / other conditions which may affect the patient's condition? If yes, please indicate them.



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11. What is the patient's prognosis?

12. Please provide us with any other additional comments that you feel may assist us to better understand the patient's impairments or health status.

Please enclose a copy of all investigation reports that you have on this patient.

B. For Doctor's Completion

This statement has been completed by

Name of Doctor: _____

Signature: _____

Date: _____

Clinic Stamp: