

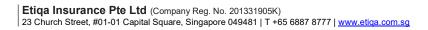
Attending Physician's Statement						
If there is insufficient space on the form to complete a particular question, please continue on a blank sheet of paper.						
Name of Patient			NRIC / Passport Number / FIN			
Height (cm)		Weight (kg)	Smoker Status			
Α	A. Questions					
1.	. Please indicate the date the patient first saw you.					
2.	2. Please indicate the last consultation date.					
3.	8. What was/were the exact diagnosis (es)?					
4.	What was/were the underlying ca	ause(s)?				
5.	What were the presented sympto	oms?				

Page 1 of 3 EIPL/NB/UW/APS/02/2025



Attending Physician's Statement				
6. What medication / treatment was administered to the patient? Is he/she compliant to the treatment / medication?				
ere there any complications? If so, please indicate them.				
What were the investigation	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		
Is the patient currently on ar	ny follow-up? If yes, please inc	dicate the frequency and the next follow-up date.		
.Are there any factors / other	re there any factors / other conditions which may affect the patient's condition? If yes, please indicate them.			

Page 2 of 3 EIPL/NB/UW/APS/02/2025





Attending Physician's Statement						
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	Clinic Stamp:					
Name of Doctor:	Clinic Stamp.					
Signature:						
Date:						

Page 3 of 3 EIPL/NB/UW/APS/02/2025