LAPORAN MENGENAI PESAKIT BAGI TUJUAN PENAWARAN KEUTAMAAN KUARTERS

Laporan ini disediakan oleh doktor yang merawat pesakit untuk menentukan tahap kesihatan pesakit bagi pihak BPH, JPM. Laporan ini diperlukan bagi memenuhi syarat penawaran keutamaan bagi Tawaran Kuarters di bawah pengurusan dan kawal selia BPH, JPM. Terima kasih.

Maklumat Pesakit

1.	NAMA PESAKIT *PATIENT'S NAME*	:	**4.**	NO. PENDAFTARAN PESAKIT *PATIENT'S REGISTRATION NO.*	:
2.	NO. KP / NO. SURAT BERANAK / NO. PASPORT *NRIC NO. / BIRTH CERTIFIICATE NO./PASSPORT NO.*	:	**5.**	TARIKH MASUK DAN KELUAR HOSPITAL (Jika ada) *DATE OF ADMISSION AND DISCHARGE (IF ANY)*	:
3.	UMUR / JANTINA *AGE / SEX*	:	**6.**	TARIKH KEMATIAN (Jika ada) *DATE OF DEATH (IF ANY)*	:

7. (a)

Kategori/Jenis Penyakit Kritikal

PENYAKIT YANG DIHIDAPI / ILLNESS *[*Sila tandakan (x) pada ruangan yang disediakan / *Please indicate (x) below]*

■ CANCER

☐ *Cancer*

■ CARDIOVASCULAR SYSTEM

☐ *Arrhythmia Requiring Device Insertion (Pacemaker/Defibrillator)*
☐ *Cardiomyopathy/Heart Failure*
☐ *Congenital Heart Disease*
☐ *Constrictive Pericarditis*
☐ *Coronary Artery Disease/Ischaemic Heart Disease*
☐ *Heart Attack / Myocardial Infarction*
☐ *Heart Block Requiring Surgical Intervention/Pacemaker/Battery Implant*
☐ *Heart Valve Replacement / Valvular Heart Disease Requiring Replacement*
☐ *Surgery to Aoarta / Diseases of the Aorta Requiring Surgery*

■ ENDOCRINE/MEDICAL

☐ *Epilepsy & Movement Disorders Requiring Deep Brain Stimulation Or Surgery*
☐ *Morbid Obesity Or Obesity With Multiple Medical Complications And Life Threatening Requiring Bariatric Surgery*
☐ *Sepsis With One Or More Major Organ Failure*
☐ *Type 1 Diabetes With Criteria For Insulin Pump Therapy*

■ GASTROENTEROLOGY / HEPATOLOGY

☐ *Chronic Inflammatory Bowel Disease*
☐ *Chronic Liver Disease*
☐ *Fulminant Viral Hepatitis*
☐ *Pulmonary Hypertension*

■ GENITOURINARY SYSTEM

☐ *Congenital Urinary Abnormalities Requiring Urgent And Major Surgical Intervention*
☐ *Chronic Kidney Disease/Failure*
☐ *Medullary Cystic Disease*
☐ *Renal Calculi Requiring Surgical Intervention*

■ NERVOUS SYSTEM

☐ *Alzheimer's Disease*
☐ *Benign Tumor Of Brain*
☐ *Cerebral Palsy*
☐ *Coma*
☐ *Encephalitis*
☐ *Loss Of Speech*
☐ *Major Head Trauma*
☐ *Meningitis*
☐ *Motor Neurone Disease*
☐ *Multiple Sclerosis*
☐ *Muscular Dystrophy*
☐ *Paralysis*
☐ *Parkinson's Disease*
☐ *Poliomyelitis*
☐ *Stroke*
☐ *Total Permanent Disability*

■ HEMATOLOGY

☐ *Aplastic Anaemia*
☐ *Haemophilia (Moderate To Severe - Factor Activity <5%)*
☐ *Hematological Malignancies – Leukemia, Multiple Myeloma (Acute Or Chronic Leukemia Diagnosed By Physician)*
☐ *Idiopathic Thrombocytopenic Purpura (ITP) - Thrombocytopenia Refractory To Convention Steroid Treatment (1st Line Treatment)*
☐ *Myeloproliferative Disorders Requiring Blood Transfusion And/Or Chelating Agents*
☐ *Thalassaemia Major Requiring Chelating Agent*

■ ILLNESS OF CHILD UNDER 16 YEARS OLD

☐ *Congenital Diseases Requiring Medical Or Surgical Intervention Treated By Specialist*
☐ *Intellectual Impairment Due To Accident Or Sickness*
☐ *Leukaemia*
☐ *Severe Asthma*

■ MUSCULOSKELETAL SYSTEM

- ☐ *Systemic Lupus Erythematosus (SLE) With Major Organ Involvement*
- ☐ *Systemic Sclerosis/Scleroderma With Functional Impairment And/Or Major Organ Involvement*

■ OPHTHALMOLOGY

- ☐ *Advanced Diabetic Eye Disease - Diagnose By Specialist*
- ☐ *Age Related Macular Degeneration (Armd)/Polypoidal Choroidal Vasculopathy (PCV)*
- ☐ *Cataract Requiring Surgery (Intraocular Lens – IOL)*
- ☐ *Corneal Disorders Requiring Corneal Surgery (Corneal Transplant) Diagnose By Specialist*
- ☐ *Glaucoma Requiring Surgery With Glaucoma Implant*
- ☐ *Retinal Vascular Disease - Diagnose By Specialist*

■ RHEUMATOLOGY

- ☐ *Ankylosing Spondyloarthritis Active Disease With Functional Impairment And/Or Disability*
- ☐ *Chronic Tophaceous Gout With Functional Impairment And/Or Disability.*
- ☐ *Psoriatic Arthritis Active Disease With Functional Impairment And/Or Disability*
- ☐ *Rheumatoid Arthritis / Arthritis Of Any Joint With Deformities Requiring Surgery/Orthosis*

■ ORTHOPEDIC

- ☐ *Gangrene / Necrotizing Fasciitis Requiring Amputation*
- ☐ *Knee Injury Requiring Surgery/Implant/Graft*
- ☐ *Osteoarthritis Requiring Surgery/Implant*
- ☐ *Prolapse Intervertebral Disc With Significant Neurological Deficit Requiring Surgery*
- ☐ *Spinal Stenosis With Significant Neurological Symptoms/Deficit Requiring Surgery*
- ☐ *Unstable Spine Fractures / Trauma Requiring Surgery And Implant/Rehab Equipment*

■ RESPIRATORY SYSTEM

- ☐ *Bronchiectasis*
- ☐ *Chronic Lung Disease*
- ☐ *Lung Fibrosis*
- ☐ *Obstructive Sleep Apnoea*
- ☐ *Secondary Pulmonary Hypertension*
- ☐ *Severe Chronic Obstructive Pulmonary Disease (COPD) / Emphysema*

Maklumat tambahan mengenai masalah yang dihadapi

7 (b).	KETERANGAN LANJUT TENTANG PENYAKIT *DETAILED INFORMATION ABOUT THE ILLNESS*	
7 (c).	PENYAKIT KRONIK / KRITIKAL *CHRONIC / CRITICAL ILLNESS*	☐ YA / *YES* ☐ TIDAK / *NO*
8 (a).	LAIN-LAIN PENYAKIT YANG DIHIDAPI *OTHER ILLNESS*	
8 (b).	PENYAKIT KRONIK / KRITIKAL & PERLU RAWATAN SUSULAN *CHRONIC / CRITICAL ILLNESS & NEED FOLLOW UP*	☐ YA / *YES* ☐ TIDAK / *NO*

Pengesahan Maklumat

SAYA SAHKAN MAKLUMAT YANG DIBERIKAN DI ATAS ADALAH BENAR

I CERTIFIED THAT THE INFORMATION GIVEN ABOVE IS TRUE

Saya / Kami memahami bahawa Borang Perakuan ini adalah bertujuan bagi memenuhi syarat penawaran keutamaan bagi Tawaran Kuarters di bawah pengurusan dan kawal selia BPH, JPM untuk semakan bagi masalah dan tahap kesihatan yang dihadapi oleh pemohon sama ada suami / isteri atau anak-anak di bawah tanggungan pemohon sebagaimana yang telah ditetapkan di dalam dasar-dasar serta peraturan-peraturan menduduki kuarters yang berkuatkuasa.

Oleh yang demikian, saya / kami dengan ini memperakukan bahawa segala maklumat yang diberikan ini adalah tepat dan benar.

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TANDATANGAN & NAMA PEGAWAI PERUBATAN, NO. MPM DAN COP RASMI HOSPITAL

SIGNATURE & DOCTOR'S NAME. MPM NO. AND HOSPITAL OFFICIAL STAMP

TARIKH : .....

DATE