

JOJO HOSPITAL - MEDICAL REPORT

SECTION 1: PATIENT’S PARTICULARS

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| Full name of patient | Goh Soon Heng |
| NRIC/Passport no. | 630202-08-5850 |
| Age of patient | 62 years old |
| Gender | Female |
| Blood type | AB+ |
| Allergies | Aspirin |

SECTION 2: DOCTOR’S PARTICULARS

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| Full name of doctor | Dr. Ahmad Firdaus |
| MCR no. of doctor | JH998877 |
| Hospital / Clinic | Jojo Hospital, 88 Wellness Road, Kuala Lumpur |
| Doctor’s qualifications and experience | MBBS (UM), MRCP (UK), Consultant Neurologist with 15 years’ experience. |
| Doctor-patient relationship | Patient under care with regular follow-ups. Examined on 04 January 2025 for this report. |

SECTION 3: PATIENT’S MEDICAL INFORMATION

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| Current complaints | Frequent urination and thirst. |
| Clinical history | History consistent with Type 2 Diabetes Mellitus, Chronic Kidney Disease. Patient has experienced symptoms such as frequent urination and thirst. and requires ongoing treatment and monitoring. |
| Findings from physical/mental state examination | Examination findings support the diagnosis of Type 2 Diabetes Mellitus, Chronic Kidney Disease. Physical signs and clinical tests align with the reported complaints. |
| Relevant investigation results | Diagnostic imaging and laboratory results reveal abnormalities consistent with Type 2 Diabetes Mellitus, Chronic Kidney Disease. |
| Diagnosis | 1. Type 2 Diabetes Mellitus 2. Chronic Kidney Disease |

SECTION 4: OPINION ON PATIENT'S MENTAL CAPACITY

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| Personal Welfare | Patient's welfare considerations are dependent on the clinical condition described. Support from caregivers is recommended. |
| Property & Affairs | Patient may require support in handling financial and property-related matters depending on the severity of illness. |
| Basis of opinion | Opinion is based on correlation between symptoms, clinical findings, and diagnosis. Condition affects the patient's independence. |
| Prognosis | Type 2 Diabetes Mellitus is typically chronic and requires long-term management. Overall prognosis depends on treatment compliance and disease progression. |

SECTION 5: DECLARATION

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| Declaration | I confirm that this report is true to the best of my knowledge and belief. I understand my duty is to the Court and I have complied with that duty. |
| Signature | _____ |
| Name | Dr. Ahmad Firdaus |
| Date | 04 January 2025 |