

JOJO HOSPITAL - MEDICAL REPORT

SECTION 1: PATIENT’S PARTICULARS

Full name of patient	Indra Devi
NRIC/Passport no.	530618-08-2168
Age of patient	72 years old
Gender	Female
Blood type	A-
Allergies	None

SECTION 2: DOCTOR’S PARTICULARS

Full name of doctor	Dr. Rajesh Kumar
MCR no. of doctor	JH445566
Hospital / Clinic	Jojo Hospital, 88 Wellness Road, Kuala Lumpur
Doctor’s qualifications and experience	MBBS (India), MRCP (UK), Cardiologist with 12 years’ experience.
Doctor-patient relationship	Patient under care with regular follow-ups. Examined on 12 September 2025 for this report.

SECTION 3: PATIENT’S MEDICAL INFORMATION

Current complaints	Memory loss and confusion.
Clinical history	History consistent with Ischemic Stroke, Vascular Dementia. Patient has experienced symptoms such as memory loss and confusion. and requires ongoing treatment and monitoring.
Findings from physical/mental state examination	Examination findings support the diagnosis of Ischemic Stroke, Vascular Dementia. Physical signs and clinical tests align with the reported complaints.
Relevant investigation results	Diagnostic imaging and laboratory results reveal abnormalities consistent with Ischemic Stroke, Vascular Dementia.
Diagnosis	1. Ischemic Stroke 2. Vascular Dementia

SECTION 4: OPINION ON PATIENT’S MENTAL CAPACITY

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	Ischemic Stroke is typically chronic and requires long-term management. Overall prognosis depends on treatment compliance and disease progression.

SECTION 5: DECLARATION

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. Rajesh Kumar
Date	12 September 2025