

7. Has the patient been hospitalised for the same illness whether in this hospital or any other hospitals?

YES NO

If Yes, please state details of previous admission as below :

Date of Admission (DD/MM/YYYY)	Hospital	Diagnosis / Illness	Treatment

8. Is the patient suffering from any other underlying illnesses besides the current medical condition?

YES NO

If Yes, please provide details :

Date of Diagnosis (DD/MM/YYYY)	Underlying Illness	Doctor's Name / Address / Telephone No

9. Please state all investigations, tests or procedures which had been performed. *Please attach a copy of all the test results.*

Date (DD/MM/YYYY)	Name of investigation / test / procedure	Doctor's Name / Address / Telephone No

10. Nature of treatment given and Date (DD/MM/YYYY)

Date (DD/MM/YYYY)	Nature of Treatment

11. For Surgery :

Date of surgery performed (DD/MM/YYYY)	Nature of operation performed	Name of surgeon	Type of implant (if any)

SECTION B : Attending Doctor's Declaration

I hereby certify that:

- I am the patient's attending doctor and I have personally examined and treated the patient for the illnesses/ injuries sustained; OR
 I have personally perused the patient's medical records;

and that the facts as stated above are all true to the best of my knowledge and information that I have perused.

If you are not the attending doctor, please state:

The Attending Doctor's Name & Speciality:

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The reason(s) for completing this document on behalf of the Attending Doctor:

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Signature : Date :

Name :

Professional Qualification :

MMC/ Registration Number :

Name & Address of Hospital/ Clinic :

Official Stamp of the Doctor :