

## CRITICAL ILLNESS CLAIM - DOCTOR'S STATEMENT

**Mild Systemic Lupus Erythematosus / Moderately Severe Systemic Lupus Erythematosus with Lupus Nephritis / Systemic Lupus Erythematosus with Lupus Nephritis**



(To be completed by the Life Assured's attending medical specialist)

### Important Notes:

- (1) To enable us to proceed with the claim, it is mandatory to enclose all relevant clinical, radiological, histological, operation and laboratory report by attaching them to this page.
- (a) All blood tests and immunologic tests investigated for Systemic Lupus Erythematosus.
- (b) Renal Function Test (RFT), Renal Biopsy Report
- (c) Operation report (if surgery has been performed)
- (d) Referral letter (if any)
- (2) Please circle the questions below where appropriate.

### Section 1 : Details of Policyholder / Life Assured

Full Name: \_\_\_\_\_

NRIC / Passport No.: \_\_\_\_\_

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### Section 2 : Details of disease

(1) Date when patient first consulted you for the condition?

		/			/				
DD			MM			YY			

(2) When was the last consultation?

		/			/				
DD			MM			YY			

(3) Please state symptoms presented and symptom date first appeared.

Complained symptoms	Duration of symptoms	Symptom date (DD/MM/YY)

(4) What is/are the underlying cause(s)? \_\_\_\_\_

(5) Please provide the exact diagnosis. \_\_\_\_\_

(6) Date of diagnosis.

		/			/				
DD			MM			YY			

(7) Date when patient / patient's next of kin was first informed of the diagnosis.

		/			/				
DD			MM			YY			

(8) Were you the doctor who first diagnosed the patient with this condition?

Yes	No
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\_\_\_\_\_  
Signature of the Medical Specialist

\_\_\_\_\_  
Date



(9) If you are not the first doctor who diagnosed the patient with this condition, please provide:

(a) Name and address of the doctor who first made the diagnosis or had treated the condition.

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(10) Please provide dates and details of investigation performed for the diagnosis. Kindly **attach copies** of all relevant objective test reports which confirmed the diagnosis.

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### Mild Systemic Lupus Erythematosus (SLE)

(11) Was the diagnosis of SLE confirmed by specialist in Rheumatology and Immunology?

Yes	No
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If No, please provide full diagnosis of patient's medical condition.

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(12) Was the diagnosis requires immunosuppressive therapy for at least six (6) months?

Yes	No
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Please state the first treatment date of immunosuppressive therapy.

DD		MM		YY					

If No to Question 12, please state the reason for discontinuation of the therapy in less than 6 months.

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(13) Are the following internal organs involved?

(a) Kidneys	Yes	No
(b) Brain	Yes	No
(c) Heart or pericardium	Yes	No
(d) Lungs or pleura	Yes	No
(e) Joints in the presence of polyarticular inflammatory arthritis	Yes	No

If Yes to any of the above, please describe the nature and extent of the impairment, with date(s).

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(14) Was the patient diagnosed to be suffering from Discoid Lupus or those forms with haematological involvement?

Yes	No
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If Yes to Question 14, please provide details.

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\_\_\_\_\_  
Signature of the Medical Specialist

\_\_\_\_\_  
Date

## Moderately Severe Systemic Lupus Erythematosus (SLE) with Lupus Nephritis

(15) Did the patient present with any of the following conditions?

(a) Malar rash	Yes	No
(b) Discoid rash	Yes	No
(c) Photosensitivity	Yes	No
(d) Oral ulcers	Yes	No
(e) Arthritis	Yes	No
(f) Serositis	Yes	No
(g) Renal disorder	Yes	No
(h) Leukopenia (<4,000/mL)	Yes	No
(i) Lymphopenia (<1,500/mL)	Yes	No
(j) Haemolytic anaemia	Yes	No
(k) Thrombocytopenia (<100,000/mL)	Yes	No
(l) Neurological disorder	Yes	No

(16) Please confirm if one or more following tests have been done to confirm the diagnosis of Systemic Lupus Erythematosus (SLE).

(a) Anti-nuclear Antibodies	Positive	Negative
(b) L.E. cells	Positive	Negative
(c) Anti-DNA	Positive	Negative
(d) Anti-Sm (Smith IgG Autoantibodies)	Positive	Negative

If there is no above following test done to confirm the diagnosis, please elaborate other diagnostic tests done to confirm the diagnosis of Systemic Lupus Erythematosus (SLE).

## Systemic Lupus Erythematosus with Lupus Nephritis

(17) Were the kidneys affected due to Systemic Lupus Erythematosus (SLE)?

Yes	No
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Was renal biopsy performed?

Yes	No
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Please state the exact date biopsy was done and elaborate the biopsy result to establish the diagnosis.

(18) Based on the biopsy results, please circle/tick the appropriate staging of the patient's lupus nephritis in accordance to below classifications:

(a) WHO Classification

<b>Class I</b> <i>Minimal Change Lupus Glomerulonephritis</i>	<b>Class II</b> <i>Mesangial Lupus Glomerulonephritis</i>	<b>Class III</b> <i>Focal Segmental Proliferative Lupus Glomerulonephritis</i>	<b>Class IV</b> <i>Diffuse Proliferative Lupus Glomerulonephritis</i>	<b>Class V</b> <i>Membranous Lupus Glomerulonephritis</i>
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\_\_\_\_\_  
Signature of the Medical Specialist

\_\_\_\_\_  
Date

(b) RPS/ISN Classification

- ☐ **Class I** *Minimal mesangial lupus nephritis*
- ☐ **Class II** *Mesangial proliferative lupus nephritis*
- ☐ **Class III** *Focal lupus nephritis (active and chronic; proliferative and sclerosing)*
- ☐ **Class IV** *Diffuse lupus nephritis (active and chronic; proliferative and sclerosing; segmental and global)*
- ☐ **Class V** *Membranous lupus nephritis*
- ☐ **Class VI** *Advanced sclerosis lupus nephritis*

(19) Please describe the Life Assured's mental and cognitive abilities.

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(20) In accordance to Singapore's Mental Capacity Act (Cap 177A), is patient mentally incapacitated? 

Yes	No
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(21) Does the Life Assured have or ever had any other medical conditions?

If Yes, please advise further details.

Medical condition	Diagnosis date (DD/MM/YY)	Name and address of treating doctor

(22) Please circle your reply to the Questions below, if patient's condition or surgery performed in any way related to:

(a) AIDS, AIDS-related complex or infection by HIV?	Yes	No
(b) Drug abuse or use of drug not prescribed by registered medical practitioner?	Yes	No
(c) Alcohol abuse or misuse?	Yes	No
(d) Congenital anomaly or defect?	Yes	No
(e) Attempted suicide or self-inflicted injuries?	Yes	No

(23) Does the Life Assured have any family history? 

Yes	No
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If Yes, please provide details including relationship to the Life Assured, nature of condition and age of onset.

Age of onset	Relationship to Life Assured	Nature of Condition

(24) Was the Life Assured ever suffered from similar condition or any other Major Illnesses previously? 

Yes	No
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If Yes, please further elaborate in details.

Medical condition	Diagnosis date (DD/MM/YY)	Name and address of treating doctor

\_\_\_\_\_  
Signature of the Medical Specialist

\_\_\_\_\_  
Date

(25) Please provide any other information which may be of assistance to us in assessing this claim.

**Section 3 : To be completed by Medical Specialist**

Signature and Official Stamp

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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Date: 

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DD / MM / YY

