Medical Questionnaire: Major Burns

Name of Life Assured : _____

NRIC of Life Assured : _____

1.	Are you the Life Assured's usual medical attendant? If "YES", since what date?	☐ No ☐ Yes ☐☐ / ☐☐ / ☐☐☐☐ (dd/mm/yyyy)

2. Has the Life Assured previously suffered from or detected to have hypertension, diabetes, angina, hyperlipidaemia, cardiovascular disease, transient ischaemic attack, neurological disorders, renal disease, hepatitis B or C, autoimmune disorder or any other significant illnesses?

☐ No ☐ Yes

If "YES", please provide the following:

Medical Condition	Date of Diagnosis	Medication / Treatment	Name of Treating Doctor	Name of Clinic/ Hospital and Address

3.	Date when Life Assured FIRST consulted you for the illness.	☐☐ / ☐☐ / ☐☐☐☐ (dd/mm/yyyy)

4. Please state the symptoms presented during the date of FIRST consultation, as stated in Question 3, and for how long the Life Assured had been experiencing these symptoms.

Symptoms	Date symptoms first started (dd/mm/yyyy)
(a)	
(b)	

What is the source of this information?

☐ Patient

☐ Referring doctor
Name of doctor and hospital / clinic : _____

☐ Others, please specify : _____

5.	Diagnosis (i) Please describe the full and exact diagnosis.	(i) _____
	(ii) Date when the illness was FIRST diagnosed	(ii) ☐☐ / ☐☐ / ☐☐☐☐ (dd/mm/yyyy)
	(iii) Diagnosis was FIRST made by (name of doctor and hospital)	(iii) _____
	(iv) Date when Life Assured FIRST became aware of the illness.	(iv) ☐☐ / ☐☐ / ☐☐☐☐ (dd/mm/yyyy)
6.	Please give details of completed, planned or current treatment for the illness stated above.	_____ _____ _____
7.	(i) What was the cause of the burns?	(i) _____ If accident, please give details of:

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wecare-my@greateasternlife.com
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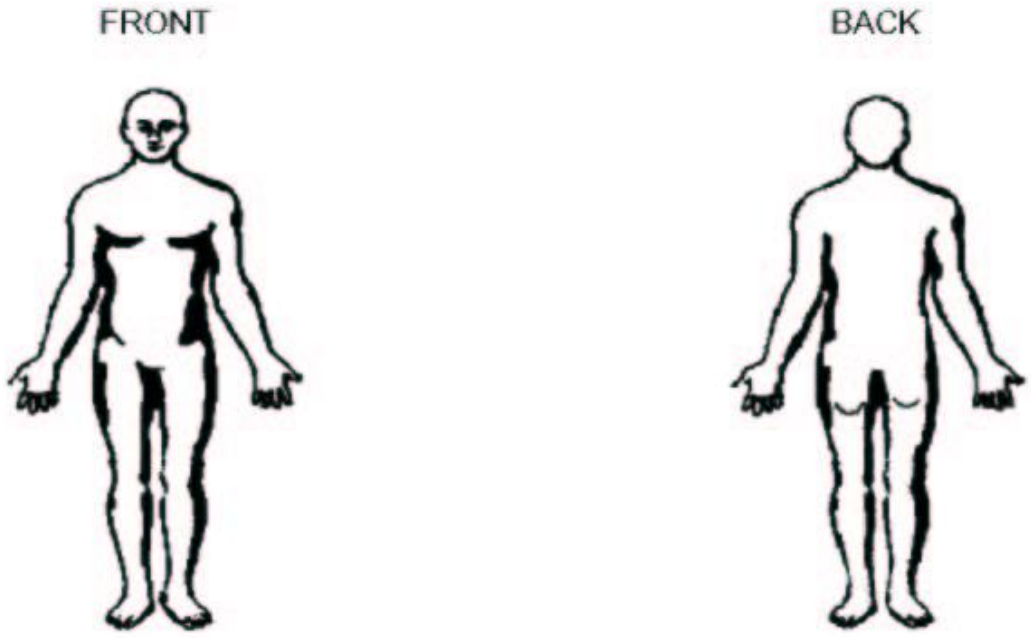
	(ii)	Was the burns self-inflicted?	Date: ☐☐ / ☐☐ / ☐☐☐☐ (dd/mm/yyyy) Where did it occur : _____ How did it occur : _____ (ii) ☐ No ☐ Yes Please give full details _____
8.	(i)	What is the percentage of total body surface area burnt?	(i) _____
	(ii)	What was the degree of burns?	(ii) ☐ 1st degree ☐ 2nd degree ☐ 3rd degree
	(iii)	If there was 3rd degree burns, what percentage of total body surface area had 3rd degree burns?	(iii) _____
9.	(i)	How long was the Life Assured in hospital?	(i) _____ days
	(ii)	Was any skin graft done or planned to be done?	(ii) ☐ Done ☐ Planned ☐ Not done

10. Please indicate on the Total Body Surface Area Burns Assessment figure below the areas burnt or attach a copy of the report from the medical record.
Kindly highlight all the areas burnt and specify the areas with 3rd degree burns.



TO BE COMPLETED BY THE ATTENDING PHYSICIAN / SPECIALIST

Signature and Official Stamp

Date: ☐☐ / ☐☐ / ☐☐☐☐ (dd/mm/yyyy)

Name : _____

Address : _____

_____

_____

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