

**ATTENDING PHYSICIAN STATEMENT  
HEART ATTACK/ CORONARY SURGERY**

MUST BE FILLED COMPLETELY BY ATTENDING PHYSICIAN

Please give detail of patient:

Name	:	_____	MR no. _____
Age	:	_____	
Sex	:	<input type="checkbox"/> male	<input type="checkbox"/> female
Occupation	:	_____	
Address	:	_____	

Diagnosis is based on below points :

- a. Please write the working diagnosis. When was the diagnosis confirmed for first time? ...../...../.....  
(dd/mm/yyyy).
  
- b. What are the risk factors/ underlying diseases? Since when? (dd/mm/yyyy).
  
  
  
  
  
  
  
  
  
  
- c. Did patient suffer chest pain (*Angina Pectoris*)? Since when? (dd/mm/yyyy).
  
  
  
  
  
  
  
  
  
  
- d. Please give the conclusion of **Angiograph/ Angioplasty** result on date (dd/mm/yy)...../...../....., including balloon dilatation &/or stents.
  
  
  
  
  
  
  
  
  
  
- e. Please give the detail of ECG changes indicative of new ischemia (*if the case is myocardial infarction*).
  
  
  
  
  
  
  
  
  
  
- f. Did new *ST-T* changes or new **left bundle branch block** in the ECG occur?
  
  
  
  
  
  
  
  
  
  
- g. Did development of **pathological Q** waves in the ECG occur?

h. Please explain about rise and/or fall of cardiac biomarkers (SGOT, CPK, CK-MB, Troponin, etc).  
*Please attach the copy of lab.*

- i. Is the diagnosis included as below here? (*please tick "v" as the answer*):
- Stable angina.
  - Unstable angina.
  - Non-STEMI with only elevation of Troponin I.
  - Non-STEMI with only elevation of Troponin T.
  - Silent myocardial infarction.
  - Other, i.e. ....

- j. Kind of surgery/ medical procedure? Performed on date (dd/mm/yy)...../...../.....  
*Please attach the copy of surgery report/ medical procedure.*
- Pericardiectomy
  - permanent insertion of cardiac defibrillator
  - Angioplasty
  - CABG
  - other, i.e.....

Has “**acute myocardial infarction**” already happened?

- in progress, from date (dd/mm/yy) ...../...../.....
- in the past, on date (dd/mm/yy) ...../...../.....
- not yet.

- k. Important information about patient & treatment that should be clarified/ explained (such as HIV, alcoholism, drug abuse, etc):

Regarding claim process, please attach the copy of medical resume & the result of ECG/Echo/laboratory/X-ray/etc which are supporting the confirmed diagnosis.

Place & date, \_\_\_\_\_  
Attending physician,

( \_\_\_\_\_ )  
*clear name, signature, certified stamp*

*Please do not give this form to patient or patient's family, please forward directly to PT AJ. Sequis Life as confidential issue*