Sun Life Malaysia Assurance Berhad* (197499-U)
Sun Life Malaysia Takaful Berhad* (689263-M)
Level 11, 338 Jalan Tuanku Abdul Rahman, 50100 Kuala Lumpur.
Telephone : (603) 2612 3600 Fascimile : (603) 2698 7035
Customer Careline : 1300-88-5055 sunlifemalaysia.com

CRITICAL ILLNESS MEDICAL REPORT (STROKE)

1. The following named is covered with **SUN LIFE MALAYSIA** against the happening of certain contingents events associated his/her health. A claim submitted in connection with STROKE and to enable us to assess the claim, we would be obliged if you would complete this Medical Report.
2. Any fees chargeable for the completion of this form shall be borne by the patient/ claimant.

Policy / Certificate / Contract No. : _____

Name of Patient : _____

NRIC / Birth Certificate No. / Passport No. : _____

Please attach certified true copies of all the relevant medical/laboratory tests available.

☐ CT Scan ☐ MRI ☐ Radiological ☐ Other laboratory reports : _____

1. (a) Are you the patient's regular attending doctor? ☐ Yes ☐ No

(b) Since when has the patient been consulting you? Date : _____ (dd/mm/yyyy)

(c) Was the patient referred to you? ☐ Yes ☐ No

(i) Referral Date : _____ (dd/mm/yyyy)

(ii) Referral Doctor : _____

(iii) Clinic / Hospital : _____

(iv) Referral Reason : _____

**Kindly furnish us a copy of the referral letter*

(d) Please state the symptoms presented during the date of **FIRST** consultation and for how long the patient had been experiencing these symptoms.

Onset date (dd/mm/yyyy)	Symptoms

2. (a) Please state the full and exact diagnosis.

Diagnosis : _____

(b) When was it **FIRST** diagnosed? Date : _____ (dd/mm/yyyy)

(c) What was the underlying cause? _____

(i) When was the patient **FIRST** diagnosed with the above illness? _____ (dd/mm/yyyy)

(ii) Please state the full diagnosis : _____

(iii) Diagnosed by whom? Please give details.

Doctor's Name : _____ Clinic / Hospital : _____

3. (a) Is the diagnosis falling within any of the following conditions?

Transient Ischaemic Attack	☐ Yes	☐ No
Vertebrobasilar Ishcaemic	☐ Yes	☐ No
Cerebral symptoms due to migraine	☐ Yes	☐ No
Cerebral injury resulting from trauma or hypoxia	☐ Yes	☐ No
Vascular disease affecting the eye or optic nerve or vestibular functions	☐ Yes	☐ No
Any reversible ischaemic neurological deficit	☐ Yes	☐ No

Version / Versi : 06/2023
*A joint venture between Sun Life Assurance Company of Canada and Renggis Ventures Sdn. Bhd.

Sun Life Malaysia Assurance Berhad* (197499-U)
Sun Life Malaysia Takaful Berhad* (689263-M)
Level 11, 338 Jalan Tuanku Abdul Rahman, 50100 Kuala Lumpur.
Telephone : (603) 2612 3600 Fascimile : (603) 2698 7035
Customer Careline : 1300-88-5055 sunlifemalaysia.com

(b) Date of last consultation : _____ (dd/mm/yyyy)

Please provide details on any neurological sequelae : _____

_____

(c) Did the patient suffer from a neurological sequalae which lasted (please tick '√' the relevant) :

☐ more than 24 hours ☐ more than 3 months ☐ more than 6 months

Please comment on any neurological sequela which had lasted as per the above time frame. : _____

_____

(d) Are the neurological sequalae permanent in nature? ☐ Yes ☐ No

If No, please provide details : _____

_____

(e) Has there been an infarction of brain tissue cerebral haemorrhage or embolization from an extracranial source? ☐ Yes ☐ No

4. (a) Has the patient suffered from this illness or any related illnesses previously? Please give details.

Diagnosis	Yes / No	Onset date (dd/mm/yyyy)	Treating clinic / hospital
Hypertension	☐ Yes ☐ No		
Diabetes Mellitus	☐ Yes ☐ No		
Dyslipidaemia	☐ Yes ☐ No		
Heart Disease	☐ Yes ☐ No		
Kidney Disease	☐ Yes ☐ No		
Liver Disease	☐ Yes ☐ No		
Others (please specify) :			
Others (please specify) :			

(b) If the patient was diagnosed to have Hypertension, Diabetes Mellitus or Dyslipidaemia, please state the recorded blood pressure, lipid profile or blood glucose level taken on him/her starting from the first recording done.

Date (dd/mm/yyyy)	Blood Pressure Reading	Blood Glucose Level (fasting)	Lipid Profile

(Please use separate sheet if space provided is insufficient)

Sun Life Malaysia Assurance Berhad* (197499-U)
Sun Life Malaysia Takaful Berhad* (689263-M)
Level 11, 338 Jalan Tuanku Abdul Rahman, 50100 Kuala Lumpur.
Telephone : (603) 2612 3600 Fascimile : (603) 2698 7035
Customer Careline : 1300-88-5055 sunlifemalaysia.com

(c) Please state from past records or from your personal knowledge, details of all illness, accidents, surgical operations or diseases from which the patient has suffered or for which he/she has been treated at your clinic from the first consultation until last consultation.

Date	Complaints & Symptoms	Diagnosis	Treatment

(Please use separate sheet if space provided is insufficient)

5. (a) Please state if there is anything in the patient's family history which would have increased the risk of illness.

_____

(b) Has the patient suffered from/been treated for any illnesses related to/caused this critical illness? ☐ Yes ☐ No

_____

(c) What is your prognosis on the patient's condition?

_____

(d) Is full recovery expected? ☐ Yes ☐ No

If Yes, please state approximate date : _____ (dd/mm/yyyy)

If No, please state the extent of recovery and approximate date of the stated extent of recovery.

_____

(e) Any further information which in your opinion will assist us in assessing the claim?

_____

_____

_____

"I HEREBY CERTIFY THAT THE INFORMATION STATED ABOVE ARE TRUE AND REPRESENT MY PROFESSIONAL MEDICAL OPINION OF HIS/HER CONDITION"

Date: …… Signature : ……

Hospital / Clinic Stamp: …… Doctor's Name: ……

Contact No : ……

Version / Versi : 06/2023

*A joint venture between Sun Life Assurance Company of Canada and Renggis Ventures Sdn. Bhd.