



ผู้ป่วย : นาย/นาง/นางสาว/อื่นๆ \_\_\_\_\_ ชื่อ \_\_\_\_\_ นามสกุล \_\_\_\_\_ HN: \_\_\_\_\_  
 หมายเลขบัตรประชาชน :                 อายุ \_\_\_\_\_ ปี AN: \_\_\_\_\_

**Details of Insured's illness**

1. Date first saw the patient for this illness \_\_\_\_\_ Present illness \_\_\_\_\_  
 2. Chief complaint/Clinical finding (Symptom & signs) \_\_\_\_\_  
 3. Diagnosis illness \_\_\_\_\_ Stage \_\_\_\_\_ (ICD10) \_\_\_\_\_  
 4. Please describe the extent of the disease.  
 4.1 What was the insured chronic lung disease?: ( ) No ( ) Yes Select  Obstructive pulmonary disease  End stage lung disease  
 Other \_\_\_\_\_  
 4.2 What was the etiological agent?:  Genes  Exposure to tobacco smoke  Exposure to occupational dust  Respiratory infection  
 Drug / Substance abuse  Other \_\_\_\_\_  
 4.3 Was the patient need oxygen therapy treatment?: ( ) No ( ) Yes O<sub>2</sub>Sat \_\_\_\_\_ %  
 4.4 What was the oxygen treatment?:  Oxygen canular \_\_\_\_\_ L/min  Oxygen mask with bag \_\_\_\_\_ L/min  Respirator  
 Other \_\_\_\_\_  
 How long the patient need oxygen therapy?: \_\_\_\_\_ Hours; \_\_\_\_\_ Days; \_\_\_\_\_ Month; \_\_\_\_\_ Years

5. Investigation / Laboratory report  
 5.1 Result of Arterial blood gases at first time diagnosis:  Room air  Respiratory  
 pH \_\_\_\_\_ PCO<sub>2</sub> \_\_\_\_\_ mmHg PO<sub>2</sub> \_\_\_\_\_ mmHg HCO<sub>3</sub> \_\_\_\_\_ mEq/L Oxygen saturation \_\_\_\_\_ %  
 5.2 Result of Arterial blood gases in present treatment:  Room air  Respiratory  
 pH \_\_\_\_\_ PCO<sub>2</sub> \_\_\_\_\_ mmHg PO<sub>2</sub> \_\_\_\_\_ mmHg HCO<sub>3</sub> \_\_\_\_\_ mEq/L Oxygen saturation \_\_\_\_\_ %  
 5.3 Result of Pulmonary function test  
 Slow vital capacity(SVC) \_\_\_\_\_ L. Forced vital capacity(FVC) \_\_\_\_\_ ml. Forced expiratory volume in 1 second(FEV<sub>1</sub>) \_\_\_\_\_ ml.  
 FEV<sub>1</sub>/FVC \_\_\_\_\_ % Maximal mid expiratory flow(MMEF) \_\_\_\_\_ L/min Maximal voluntary ventilation(MVV) \_\_\_\_\_ L/min  
 5.4 Respirator setting: \_\_\_\_\_  
 5.5 X-ray: \_\_\_\_\_ CT / MRI done ( ) No ( ) Yes \_\_\_\_\_  
 5.6 Other investigation: \_\_\_\_\_  
 5.7 Anti-HIV test: ( ) No ( ) Yes if "Yes" please result \_\_\_\_\_ DD/MM/YY \_\_\_\_\_  
 5.8 Please enclose copies of all reports that are available:  Arterial blood gases  Pulmonary function test  Respirator setting  X-ray  
 HIV test  CT scan / Chest scan  MRI  Electrocardiogram  Echocardiography  Any relevant reports \_\_\_\_\_

6. Prognosis: ( ) Excellent ( ) Good ( ) Fair ( ) Poor Need follow up \_\_\_\_\_  
 7. Could the illness be recover?: ( ) No ( ) Yes for \_\_\_\_\_ Hours/ Days/ Months/ Years  
 8. Please state if the insured has suffered/ been treated for any other illness(es) /complaints other than the Critical illness:  
 \_\_\_\_\_  
 9. If there are any further information which in your opinion will assist us in assessing this claim, for example, an adverse family history, please furnish such information below \_\_\_\_\_

**To be completed by Attending Physician**

I hereby certify that I have personally examined and treated the insured in connection to the above disability and that the facts are in my opinion as given above.  
 Name of Doctor \_\_\_\_\_ Signature \_\_\_\_\_  
 Qualification \_\_\_\_\_ Specialty \_\_\_\_\_ Thailand's Medical registration \_\_\_\_\_  
 Name of Hospital/Official Stamp \_\_\_\_\_ Telephone No \_\_\_\_\_ Date \_\_\_\_\_

**ข้อความทราบ** ผู้ใดในการประกอบกรงานวิชาแพทย์ ทำคำรับรองหรือเอกสารอันเป็นเท็จ โดยประการที่น่าจะเกิดความเสียหายแก่ผู้อื่น หรือประชาชนผู้นั้นกระทำความผิดทางอาญา ตามประมวลกฎหมายอาญา ซึ่งต้องระวางโทษจำคุกไม่เกิน 2 ปีหรือปรับไม่เกิน 4,000 บาท หรือทั้งจำทั้งปรับ และอีกทั้งจักต้องชดใช้ค่าสินไหมทดแทนในทางแพ่งอีกใดหนึ่ง