



Archipelago Insurance Limited [A General Insurer Licensed by Labuan FSA]

Co. No. LL09355 | Licence No. IS2013136

Registered Address: Unit 3A-25, U0350, 3rd Floor, Labuan Times Square, Jalan Merdeka, 87000 Labuan F. T., Malaysia.

Co-located Office: B-08-06. Gateway Corporate Suites, Gateway Kiaramas,

No.1 Jalan Desa Kiara, Mont Kiara, 50480 Kuala Lumpur, Malaysia

Telephone: +6 (03) 6201 0491 | Fax: +6 (03) 6201 0481

Email: info@archipelagold.com | Website: www.archipelagold.com

HYPERTENSION QUESTIONNAIRE/

SOALAN BAGI PESAKIT TEKANAN DARAH TINGGI

(To be completed by the Attending Physician/*Untuk dilengkapkan oleh Doktor yang merawat*)

Name of Proposer

Nama Pencadang: _____

NRIC Number of Proposer

No Kad Pengenalan Pencadang: _____

Name of Person to be covered

Nama Orang yang akan dilindungi: _____

NRIC Number of Person to be covered

No Kad Pengenalan Orang yang akan dilindungi: _____

1. What is Date an Elevated Blood Pressure Reading was first noticed and what was the blood pressure reading?

Apakah Tarikh yang Elevated Bacaan Tekanan Darah mula perasan dan bagaimana bacaan tekanan darah?

Date _____ Blood Pressure Reading: _____

Tarikh: _____ *Bacaan Tekanan Darah:* _____

2. What are the subsequent Blood Pressure Readings after treatment was initiated?

Apakah Bacaan Tekanan Darah berikutnya selepas rawatan dimulakan?

Current Year Blood Pressure Readings: Highest: _____ Lowest: _____ Usual: _____

Bacaan Tekanan Darah Sekarang: Tinggi: _____ Rendah: _____ Biasa: _____

Previous Year Blood Pressure Readings: Highest: _____ Lowest: _____ Usual: _____

Bacaan Tekanan Darah Tahun Sebelum: Tinggi: _____ Rendah: _____ Biasa: _____

Two Year Ago Blood Pressure Readings Highest: _____ Lowest: _____ Usual: _____

Bacaan Tekanan Darah Dua Tahun Lepas: Tinggi: _____ Rendah: _____ Biasa: _____

3. Was any investigation carried out to ascertain the cause(s) of the Elevated Blood Pressure? For example: Chest X-Ray, ECG, Stress, SCG, Blood Tests, Scans, Microurinalysis etc. Yes/Ya No/Tidak

Adakah mana-mana siasatan yang dijalankan untuk memastikan penyebab Elevated Darah Tinggi?

Contoh: X-Ray Dada, ECG, Tekanan, SCG, Ujian Darah, Imbasan, Mikrourinalisis

If "Yes", please provide details:

Jika "Ya", sila nyatakan butiran:

Date of Investigation/Tarikh Siasatan: _____

Type of Investigation/Jenis Siasatan: _____



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4. Has the Person to be covered suffered from any End Organ Damage as a result of Elevated Blood Pressure?

Adakah orang yang hendak dilindungi mengalami sebarang kerosakan organ akibat Elevated Tekanan Darah?

(a) Heart /Jantung: Yes/Ya No/Tidak

(b) Kidney /Buah Pinggang: Yes/Ya No/Tidak

(b) Brain/Otak: Yes/Ya No/Tidak

(d) Eyes/Mata: Yes/Ya No/Tidak

If the answer to any of the above is "Yes", please indicate the extent of the organ damage:

Jika jawapan kepada mana-mana di atas adalah "Ya", sila nyatakan tahap kerosakan organ:

5. Is the Person to be covered currently on Medication?

Yes/Ya No/Tidak

Adakah orang yang hendak dilindungi sedang mengambil ubat?

If "Yes", please indicate the types of Medication prescribed for the Elevated Blood Pressure:

Jika "Ya", sila nyatakan jenis-jenis ubat yang ditetapkan untuk Tekanan Darah Elevated:

Current Year: Medication:

Dosage:

Tahun Semasa: Perubatan: _____

Dos: _____

Previous Year: Medication:

Dosage:

Tahun Sebelum: Perubatan: _____

Dos: _____

Two Years Ago: Medication:

Dosage:

Dua Tahun Lepas: Perubatan: _____

Dos: _____

If "No", please provide the date and reasons the treatment was discontinued:

Jika "Tidak", sila berikan tarikh dan sebab layanan yang telah dihentikan:



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6. Was Fundoscopy done on the Person to be covered? Yes/Ya No/Tidak
Adakah Fundoscopy dilakukan ke atas orang yang dilindungi?

If "Yes", please provide details of the fundoscopy results:

Jika "Ya", sila berikan butir untuk keputusan fundoscopy:

7. Is the Person to be covered regular with his/her follow-up treatment at your Clinic? Yes/Ya No/Tidak
Adakah orang yang hendak dilindungi mengambil rawatan susulan tetap di klinik anda?

8. Does the Person to be covered strictly adhere to the advice and treatment prescribed by you? Yes/Ya No/Tidak
Adakah orang yang hendak dilindungi hanya mematuhi nasihat dan rawatan yang ditetapkan oleh anda?

9. To the best of your knowledge, is the Person to be covered suffering from any other illness apart from his/her Elevated Blood Pressure? Yes/Ya No/Tidak
Untuk pengetahuan anda, adakah orang yang hendak dilindungi menghidap sebarang penyakit lain selain daripada Tekanan Darah tinggi?

If "Yes", please provide details:

Jika "Ya", sila nyatakan butiran:

This Report has been prepared by:

Laporan ini telah disediakan oleh:

Official Clinic Stamp:
Setem Rasmi Klinik:

Signature of Doctor:

Tandatangan Doktor: _____

Name of Doctor:

Nama Doktor: _____

Name of Clinic:

Nama Klinik: _____

Date:

Tarikh: _____

Note/Nota:

All expenses incurred in the completion of this Questionnaire have to be borne by the Proposer.

Segala perbelanjaan yang ditanggung dalam menyiapkan soalan ini harus ditanggung oleh pencadang.