

## Soal Selidik Ketumbuhan, Sista, Gumpalan & Barah Payu Dara – Pakar Perubatan

### *Breast Growth, Cysts, Lumps & Tumours Questionnaire – Attending Physician*

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No. Permohonan: \_\_\_\_\_ Tarikh: \_\_\_\_\_  
*Application No.:* \_\_\_\_\_ *Date:* \_\_\_\_\_

Nama Penuh: \_\_\_\_\_  
*Full Name:* \_\_\_\_\_

1) a) Bilakah pesakit pertama kali dijumpai oleh tuan/puan?  
*When was the patient first consulted by you?*

\_\_\_\_\_

b) Apakah tarikh terakhir pesakit dijumpai oleh tuan/puan?  
*When was the patient last consulted by you?*

\_\_\_\_\_

2) Apakah diagnosa tepat yang terkini bagi ketumbuhan payu dara yang dihidap oleh pesakit dan bilakah diagnosa tersebut dibuat?  
*What is the latest precise diagnosis for the breast growth encountered by the patient and when was the diagnosis made?*

Tarikh/Date (hh/bb/tttt)/(dd/mm/yyyy)	Diagnosa Tepat Terkini/Latest Precise Diagnosis

3) Sepanjang penjagaan/rawatan pesakit di bawah tuan/tuan, bagaimanakah perkembangan ketumbuhan payu dara tersebut? Adakah ketumbuhan tersebut mengalami perubahan dari saiz, sifat atau konfigurasi? Sila berikan butiran.  
*Throughout your supervision/treatment on the patient's condition, how has the progression of the breast growth been? Has there been any changes in size, nature or configuration? Please provide details.*

\_\_\_\_\_  
\_\_\_\_\_

4) Sila nyatakan semua keputusan penyelidikan (ujian makmal, laporan imbasan/pengimejan, keputusan biopsi dsb) yang dijalankan semasa rawatan yang diinsuranskan di klinik/hospital anda.  
*Please provide results of all investigations (lab test, imaging reports, biopsy result and etc) carried out in the process of his/her treatment at your clinic/hospital.*

Tarikh Penyelidikan <i>Date of Investigation</i> (hh/bb/tttt)/(dd/mm/yyyy)	Tujuan Penyelidikan <i>Reason of Investigation</i>	Jenis Penyelidikan <i>Type of Investigation</i>	Keputusan Penyelidikan <i>Result of Investigation</i>

- 5) a) Pernahkah sebarang prosedur pengeluaran atau pembedahan dijalankan bagi ketumbuhan payu dara tersebut?

*Has there been any removal procedure or surgery done for the breast growth?*

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- b) Jika YA, silakan berikan tarikh, kaedah dan keputusan histopatologi (dengan saiz ketumbuhan) bagi prosedur pengeluaran atau pembedahan ketumbuhan payu dara yang dijalankan. Sila sertakan salinan laporan histopatologi (jika ada).

*If YES, please provide the date, method and the histopathology findings (with size of the growth) of the breast growth removal or surgery done. Please furnish us a copy of histopathology report (if any).*

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- c) Adakah ketumbuhan tersebut benign atau malignan?

*Was the growth benign or malignant?*

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- d) Jika benign, adakah ketumbuhan tersebut bersifat bukan proliferaatif atau proliferaatif?

Jika malignan, sila berikan "TNM staging" dan gred barah tersebut.

*If it was benign, was it non-proliferative or proliferative?*

*If it was malignant, please state the TNM staging and grade of the tumour.*

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- 6) Sepanjang pengetahuan tuan/puan, di samping butiran prosedur perubatan/pembedahan di atas, sila terangkan maklumat rawatan lain yang dijalani oleh pesakit seperti yang berikut (jika ada).  
*To the best of your knowledge, apart from the medical procedure(s) or surgery above, please elaborate on the other treatment details of the patient (if any).*

Tarikh Rawatan <i>Date of Treatment</i> (hh/bb/tttt)/(dd/mm/yyyy)	Jenis Rawatan <i>Type of Treatment</i>	Butiran Rawatan <i>Treatment Details</i>	Tahap Responsif/ Penyelesaian Rawatan <i>Responsiveness/Treatment Completion</i>
	Ubat-ubatan <i>Medications</i>		
	Pembedahan <i>Surgery</i>		
	Iradiasi <i>Irradiation</i>		
	Kemoterapi <i>Chemotherapy</i>		
	Lain-lain (Sila nyatakan) <i>Others (Please specify)</i>		

- 7) Sepanjang pengetahuan tuan/puan, adakah pesakit mempunyai sejarah keluarga berkenaan dengan penyakit kanser payu dara, kanser ovari dan sebagainya? Jika YA, sila jelaskan.  
*To the best of your knowledge, do you know if the patient has family history of breast cancer, ovarian cancer and etc? If YES, please provide details.*
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- 8) Akankah pesakit dicadangkan untuk menjalani sebarang penyiasatan, imbasa/pengimejan, rawatan, prosedur perubatan, pembedahan atau rundingan susulan pada masa depan. Jika YA, sila nyatakan tarikh dan terangkan rancangan tersebut.  
*Will there be any planned investigations, imagings, treatments, medical procedures, surgery or follow-up consultations on the patient in future? If YES, please specify the date and describe the plan(s) details.*
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- 9) Berdasarkan pandangan profesional tuan/puan, bagaimanakah prognosis bagi keadaan pesakit?  
*Based on your professional point of view, how is the prognosis on the patient's condition?*
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10) Sila berikan nama dan alamat perunding / hospital pesakit hadir untuk susulan, dan tarikh kehadiran yang lepas (jika ada).

*Please provide the name and address of the consultant/ hospital your patient attends for follow-up, and the date of the last attendance (if any).*

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11) Sila kemukakan komen tambahan yang boleh membantu kami untuk memahami dengan lanjutnya taraf kesihatan yang diinsuranskan. (Sila gunakan kertas tambahan jika perlu)

*Please provide us with any other additional comments that you feel may assist us to understand the proposed life assured impairments or health status. (Please use additional sheets if necessary)*

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Tandatangan Pakar Perubatan:  
*Signature of Physician:*

Tarikh:  
*Date:*

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Sila lekatkan cop klinik/hospital  
*Please affix with clinic/hospital rubber stamp*