Zurich Life Insurance Malaysia Berhad
Registration No. 196801000442 (8029-A)
Level 23A, Mercu 3, No. 3, Jalan Bangsar, KL Eco City, 59200 Kuala Lumpur, Malaysia
Tel: 03-2109 6000 Fax: 03-2109 6888 Call Centre: 1-300-888-622

Soal Selidik Gangguan Ginekologi – Pakar Perubatan
Gynaecological Disorders Questionnaire – Physician

(Termasuk servik abnormal/calitan PAP, histerektomi, masalah haid, dan lain-lain)
(Include abnormal cervical/PAP smear, hysterectomy, menstrual problem, etc.)

No. Permohonan:
Application No.: _____

Tarikh:
Date: _____

Nama Penuh:
Full Name: _____

1) Apakah jenis gangguan ginekologi yang pesakit sedang mengalami atau pernah dialami oleh pesakit?
What gynaecological disorder does/did your patient suffer from?

_____

2) Bila gejala pertama terjadi?/ *When did the symptoms first appear?*

_____

3) Sila nyatakan butiran sebarang siasatan yang dijalankan, atau yang dirancang pada masa depan, termasuk tarikh dan keputusan.
Please advise details of any investigations carried out, or which are planned in the future, including dates and results.

_____

4) Sila nyatakan butiran sebarang rawatan, termasuk pembedahan, dijalankan atau yang dirancang pada masa depan, termasuk tarikh dan keputusan.
Please advise details of any treatment, including surgery, carried out or which is planned in the future, including dates and results.

_____

	Ya *Yes*	Tidak *No*
5) Adakah disyaki malignan? Jika YA, sila nyatakan bagaimana ia disahkan/dikecualikan dan histologi tepat dari mana-mana eksisi atau pembedahan. *Was there any suspicion of malignancy? If YES, please advise how this was confirmed/ excluded and exact histology from any excision or surgery.*	☐	☐

_____

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	Ya *Yes*	Tidak *No*
6) Adakah keadaan pulih sepenuhnya sekarang? Jika YA, sila nyatakan bila kali terakhir pesakit anda mempunyai gejalanya dan bila dilepaskan daripada susulan. *Is the condition now fully recovered?* *If YES, please advise when was your patient had last symptoms and when was he/she discharged from follow up.*	☐	☐

Jika TIDAK, sila nyatakan butiran lengkap pada sebarang gejala berterusan dan komen mengenai prognosis.
If NO, please advise full details of any continuing symptoms and comment on prognosis.

7) Adakah terdapat sejarah calitan pap servik tidak normal? Jika YA, sila nyatakan: *Is there any history of abnormal cervical smear?* *If YES, please advise:*	☐	☐

a. Butiran semua calitan pap yang abnormal termasuk tarikh dan keputusan.
Details of all abnormal smears including dates and results.

b. Apakah rawatan diberi dan apakah keputusannya?
What treatment was given and what were the results?

c. Butiran lanjut mengenai sebarang calitan pap servik berikunya.
Details of any subsequent cervical smears.

8) Adakah atau pernakah pesakit anda memerlukan histerektomi? Jika YA, sila nyatakan: *Does or did your patient require a hysterectomy?* *If YES, please advise:*	☐	☐

a. Bilakah dan di mana histerektomi telah/akan dijalankan?/ *When and where was/ will this be carried out?*

b. Apakah keputusan laporan histologi pasca bedah?/ *What was the result of post-operative histology report?*

c. Berapa lama selepas pembedahan itu sebelum pesakit meneruskan akitiviti biasa penuh?
How long after the surgery was done before the patient resumed full usual activities?

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9) Sila berikan tarikh dan tempoh bila masa direhatkan bekerja disebabkan dengan keadaan tersebut.
Please give dates and duration of any time off work due to the condition.

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10) Sila komen atas sebarang ciri-ciri lain atau keadaan ko-mobit yang mungkin akan mempengaruhi prognosis keadaan ini.
Please comment on any other features or co-morbid conditions which may influence the prognosis of this condition.

Tandatangan Pakar Perubatan: _____ Tarikh: _____
Signature of Physician: *Date:*

Sila tambahan cop klinik
Please add clinic stamp