

Soal Selidik Gangguan Ginekologi *Gynaecological Disorders Questionnaire*

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

No. Permohonan:

Application No.:

Nama Penuh:

Full Name:

Ujian smear pangkal rahim abnormal: / *Abnormal cervical smear test:*

- 1) Bilakah ujian calitan servik abnormal pertama anda?

When was your first abnormal cervical smear?

- 2) Apakah yang doktor beritahu tentang keputusan calitan pap servik anda? Jika anda mempunyai pengesahan keputusan secara bertulis, sila lampirkan salinan semasa mengembalikan borang ini.

What did the doctor tell you was the results of the Cervical smear? If you have a written confirmation of the result, please attach a copy when returning this form.

- 3) Apakah rawatan yang telah diterima? Jika apa-apa pembedahan telah dijalankan, sila nyatakan jenis, tarikh dan keputusan.

What treatment was given? If surgery of any kind, please advise type, dates and results.

- 4) Sila berikan butiran mengenai sebarang calitan pap servik berikutnya. Termasuk tarikh dan keputusan.

Please provide details of any subsequent cervical smears. Including dates and results.

- 5) Adakah anda masih menerima susulan?

Are you still being followed-up?

Jika YA sila nyatakan kekerapan dan bilakah tarikh terakhir.

If YES, please state how often and when last seen.

Ya

Yes

☐

Tidak

No

☐

Jika TIDAK, bilakah anda discas daripada susulan?
If NO, when were you discharge from follow-up?

Histerektomi / *Hysterectomy*

- 6) Apakah sebab untuk histerektomi? / *What was the reason for the hysterectomy?*
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- 7) Bilakah ia dilakukan? / *When was it performed?*
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- 8) Apakah yang anda diberitahu mengenai keputusan histerektomi? / *What were you told were the results of the hysterectomy?*
-

- | | Ya
Yes | Tidak
No |
|---|--------------------------|--------------------------|
| 9) Adakah anda menerima sebarang rawatan lain selain daripada histerektomi?
(Contoh: kemoterapi, radioterapi). Jika YA, sila berikan butiran termasuk nama-nama ubat.
<i>Did you receive any other treatment apart from hysterectomy? (e.g. chemotherapy, radiotherapy)</i>
<i>If YES, please provide details including name(s) of medication.</i> | ☐ | ☐ |
-

- | | | |
|--|--------------------------|--------------------------|
| 10) Adakah anda masih menerima susulan?
Jika YA, sila nyatakan kekerapan dan bilakah tarikh terakhir.
<i>Are you still being followed-up?</i>
<i>If YES, please state how often and when last seen.</i> | ☐ | ☐ |
|--|--------------------------|--------------------------|
-

Jika TIDAK, bilakah anda dilepaskan daripada susulan?
If NO, when were you discharged from follow-up?

Lain-lain masalah ginekologi: / *Other gynaecological problems:*

- 11) Sila nyatakan diagnosis yang dinasihatkan oleh doktor anda.
Please state the diagnosis as advised to you by your doctor.
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12) Mengenai gejala-gejala anda:

Regarding your symptoms:

a) Sila menghuraikan gejala-gejala anda.
Please describe your symptoms.

b) Bila gejala pertama berlaku? / *When did the symptoms first occur?*

c) Berapa kerapkah gejala berlaku, contohnya berapa kerap dalam tempoh 12 bulan yang lepas?
How frequently do symptoms occur, e.g. how often in the last 12 months?

d) Bilakah kali terakhir anda mengalami gejala ini? / *When did you last experience these symptoms?*

13) Adakah anda telah disiasat oleh pakar perubatan (contoh: pakar sakit puan atau doktor keluarga) untuk keadaan ini atau adakah anda sedang menunggu sebarang bentuk siasatan?

Jika YA, sila berikan butiran lengkap termasuk jenis siasatan, tarikh dan keputusan serta nama dan alamat doktor yang melakukan siasatan ini.

Have you been investigated by a medical profession (e.g. gynaecologist or family doctor) for this condition or are you awaiting any such investigation?

If YES, please provide full details including type of investigations, dates and results and name and address of the doctor who did these investigations.

Ya
Yes

☐

Tidak
No

☐

14) Pernahkah anda menjalani pembedahan bagi keadaan ini atau pembedahan sedang dipertimbangkan?

Jika YA, sila berikan tarikh dan butiran lengkap termasuk jenis pembedahan, tarikh dan nama hospital dan perunding/ pakar bedah.

Have you had surgery for this condition or is surgery being considered?

If YES, please provide date(s) and full details including type of surgery, date and name of hospital and consultant/ surgeon.

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15) Sila nyatakan butiran sebarang rawatan berterusan atau ubatan. Termasuk nama-nama ubatan, dos dan berapa kerap diambil.

Please provide details of any continuing treatment or medication. Include names of medication, dosage and how often taken.

- | | Ya
Yes | Tidak
No |
|--|--------------------------|--------------------------|
| 16) Adakan anda masih menerima susulan?
Jika YA, sila nyatakan kekerapan dan bilakah kali terakhir.
<i>Are you still being followed-up?</i>
<i>If YES, please state how often and when last seen.</i> | ☐ | ☐ |

Jika TIDAK, bilakah anda discas daripada susulan?
If NO, when were you discharge from follow-up?

- 17) Sila berikan sebarang maklumat tambahan mengenai keadaan anda yang anda rasa dapat membantu dalam memproses permohonan anda.
Please provide any additional information on your condition which you feel will be helpful in processing your application.
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Saya mengaku bahawa jawapan yang telah saya berikan adalah, sepanjang pengetahuan saya, benar dan saya tidak menyembunyikan sebarang maklumat penting yang mungkin akan mempengaruhi penilaian atau penerimaan permohonan ini.

Saya bersetuju bahawa borang ini akan menjadi sebahagian daripada permohonan insurans saya dan kegagalan untuk mendedahkan mana-mana fakta penting yang saya ketahui berkemungkinan membatalkan kontrak.

I declare that the answers I have given are, to the best of my knowledge, true and that I have not withheld any material information that may influence the assessment or acceptance of this application.

I agree that this form will constitute part of my application for insurance and that failure to disclose any material fact known to me may invalidate the contract.

Tandatangan: <i>Signature:</i> _____	Tarikh: <i>Date:</i> _____
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Nota / Notes :

1. Borang ini mestilah dilengkapkan oleh orang yang dinyatakan dalam surat penyata permintaan tertunggak yang dikeluarkan. / *This form must be completed by the person specified in the deferment letter issued.*
2. Sekiranya orang yang dinyatakan dalam surat penyata permintaan tertunggak berumur kurang dari 16 tahun, borang ini mestilah ditandatangani oleh pemohon. / *If the specified person stated in the deferment letter is less than 16 years old, the form must be signed by the applicant.*