



Zurich Life Insurance Malaysia Berhad

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Soal Selidik Keadaan Kesihatan Mental – Pakar Perubatan
Mental Health Condition Questionnaire – Physician

No. Permohonan: _____ Tarikh: _____
Application No.: _____ *Date:* _____

Nama Penuh: _____
Full Name: _____

1) Sila nyatakan diagnosis gangguan./ *Please state the diagnosis of the disorder.*

2) Bilakah gejala mula berlaku?/ *When did symptoms first occur?*

3) Apakah gejala-gejala yang ditunjukkan?/ *What were the presenting symptoms?*

4) Berapa banyak lawatan pesakit telah berjumpa anda tempoh 12 bulan yang lepas?
How many visits has the patient made to you in the last 12 months?

5) Sila terangkan sebarang faktor penyumbang yang mungkin telah menyebabkan atau memburukkan lagi gejala pesakit.
Please describe any precipitating factors which may have caused or exacerbated the patient's symptoms.

	Ya	Tidak
	Yes	No
6) Adakah terdapat lebih daripada satu episod?/ <i>Has there been more than one episode?</i>	<input type="checkbox"/>	<input type="checkbox"/>

7) Sila nyatakan tarikh dan tempoh masa setiap episod./ *Please advise the data and duration of each episode.*

Ya Tidak
Yes No

- 8) Adakah pesakit kini pulih sepenuhnya?/ *Is the patient now fully recovered?*
a. Jika YA, sila nyatakan sejak bila./ *If YES, please advise since when.*

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- b. Jika TIDAK, sila berikan butiran lengkap sebarang gejala berbaki.
If NO, please provide full details of any residual symptoms.

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- c. Adakah keadaan pesakit bekerja, bersosial dan domestik kini stabil?
Is this patient work, social and domestic situation now stable?

- d. Jika TIDAK, sila berikan butiran:/ *If NO, please provide details.*

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- 9) Adakah terdapat sebarang idea membunuh diri, kecenderungan atau cubaan bunuh diri yang sebenar?
Jika ya, sila berikan keterangan termasuk tarikh.
Have there been any suicidal ideas, tendencies or actual suicide attempts? If so, please give full details including dates.

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- 10) Sila nyatakan mengenai cuti kerja atas keadaan mental kesihatan (seperti tempoh, sebab).
Please provide on time off work due to the mental health condition(s) (i.e. duration, reason).

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- 11) Sila berikan butir-butir rawatan:/ *Please give details of treatment:*
a. Ubat semasa, termasuk nama dan dos./ *Current medication, including name and dosage.*

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- b. Ubat yang lalu, termasuk nama dan dos./ *Past medication, including name and dosage.*

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- c. Sebarang ECT atau rawatan Lithium, termasuk tarikh./ *Any ECT or Lithium treatment, including dates.*

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- d. Mana-mana pakar/rujukan psikiatri, termasuk nama pakar, jenis rujukan dan tarikh.
Any specialist/psychiatric referral, including name of specialist, nature of referral and dates.

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- e. Mana-mana terapi pesakit-dalaman, termasuk sebab dan tarikh./ *Any in-patient therapy, including reason and dates.*

- 12) Sila komen mana-mana ciri lain yang berkaitan yang boleh mempengaruhi prognosis penyakit ini, seperti sebarang sejarah alkohol atau penyalahgunaan dadah, penyakit fizikal yang wujud dan/atau keabnormalan tingkah laku, dan berat badan semasa dan lain-lain.

Please comment on any other relevant features which may influences the prognosis of the disease, such as any history of alcohol or substance abuse, co-existing physical illness and/or behavioral abnormalities, and current weight etc.

Tandatangan Pakar Perubatan:
Signature of Physician:

Tarikh:
Date:

Sila tambahan cop klinik
Please add clinic stamp