

G6PD QUESTIONNAIRE
(To be completed by Attending Physician)

Name of Proposer : _____
I.C. No. : _____ Age : _____ Sex : Male Female

1. When was the Proposer first diagnosed for G6PD Deficiency?

Date : _____ Name of Doctor/Clinic : _____

2. If not diagnosed at birth, under what circumstances was the Proposer diagnosed to have G6PD Deficiency? (e.g. During an operation, treatment of certain illnesses etc.)

YES NO (If YES, please complete the details below)

Date of Diagnosis : _____

Circumstances leading to Diagnosis : _____

Name of Doctor / Clinic / Hospital the Proposer was diagnosed : _____

3. Has the Proposer ever had a haemolytic crisis where the number of red blood cells in circulation falls sharply and the Proposer may become jaundiced or very ill such that the doctor said it was due to G6PD Deficiency?

YES NO (If YES, please complete the details below)

(i) When : _____

(ii) For how long did it last : _____

(iii) Name of Treating Doctor / Hospital : _____

4. Has the Proposer ever undergone an operation due to G6PD Deficiency?

YES NO (If YES, please complete the details below)

(i) When : _____

(ii) Name of Hospital : _____

(iii) Provide details of operation / treatment : _____

5. When was the last time the Proposer had a blood test? For what purpose?

Date : _____

Results : _____

6. Please provide copy of the laboratory test, if any.

Yes Not Available (If Yes, report enclosed)

7. Has the Proposer ever suffered from any other illness or disease, or hospitalised for any investigation?

YES NO (If YES, please state details)

This Report has been prepared by :

Name of Doctor : _____

Signature : _____

Clinic Rubber Stamp : _____

Date : _____

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