

1. 病人資料 Information of Patient

保單編號 Policy No.	病人姓名 Name of Patient	病人香港身份證 / 護照號碼 HKID / Passport No. of Patient	出生日期 Date of Birth	年齡 Age	性別 Gender
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2. 有關疾病資料 About the Disease

如閣下是病人經常就診之醫生，請提供首次求診日期。
If you are the patient's usual physician, please provide the first consultation date for any illness / condition.

是次疾病的首次求診日期
Date of First Consultation for this Illness / Condition

首次求診的病徵
Symptoms Presented during the First Consultation

病徵出現的日期及持續時間
Date and Duration of Symptoms

診斷日期
Date of Diagnosis

最終診斷
Final Diagnosis

該疾病的根本原因
Underlying Cause of Patient's Illness / Condition

其他重要發現
Other Significant Findings

轉介醫生之姓名及地址
Name and Address of the Referring Physician

疾病是否由下列原因引致？
Are any factors below contributing to the disease?

1. 以往的疾病或意外 Previous Illness or Injury	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	如是，請提供詳情。 If yes, please provide the details.
2. 生活方式 Life Style	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	
3. 愛滋病毒 HIV Related	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	
4. 先天性疾病 Congenital Disease	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	
5. 受酒精藥物影響 Influence of Alcohol, Drug or Intoxicant	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	

在確診前，病人有否進行任何測試？如有，請提供詳情及有關報告。

Prior to the diagnosis of this illness / condition, was there any diagnostic test / histology / biopsy done for the patient? If yes, please provide the details and all available test reports.

日期 Date	測試 Type of Test	結果 Results

病人曾否患有相關疾病？如有，請提供就診日期、有關資料及診斷。

Has the patient previously suffered from related conditions of this illness? If yes, please provide the dates of consultation, details of condition and diagnosis.

特別資料
Specific Information

1) 癌症
Cancer

- a) 病人曾否進行活組織檢查? 如有, 請提供日期及檢查結果。
Was biopsy done for the patient? If yes, please provide the date and result.

日期 Date	活組織檢查結果 Biopsy Result	其他檢查結果 Other Diagnostic Test Result

- b) 腫瘤被界定為哪一級別? 級別的分類?
What is the staging of the Tumor? _____

- c) 癌細胞有否不受控制地生長? 是 Yes
Is there uncontrolled growth of malignant cells? 否 No

- d) 癌細胞有否明顯入侵基質? 是 Yes
Is there any clear stromal invasion of malignant cells? 否 No

- e) 癌細胞有否擴散至其他器官? 如有, 擴散到身體哪些部份? 是 Yes
Is there any distant metastasis? If yes, where is the metastasis? 否 No

- f) 若診斷為皮膚癌, 該疾病是否惡性黑色素瘤? 是 Yes
If the diagnosis is skin cancer, is it malignant melanoma? 否 No

- g) 病人是否計劃進行手術、化療、電療或其他治療? 如是, 請提供詳情。
Is the patient planning to have surgery, chemotherapy, radiotherapy, or other treatment? If yes, please provide the details.

手術 / 化療 / 電療日期 Date of Surgery / Chemotherapy / Radiotherapy	手術種類 Type of Surgery	化療 / 電療 Type of Chemotherapy / Radiotherapy

2) 心臟病
Heart Attack

- a) 病人曾否有胸痛等心臟病發作等情況? 請列明日期及病徵。
Did the patient suffer from any chest pain, angina, chest discomfort, heart attack? If yes, please state the date and symptoms.

開始日期 Commencement Date	病徵 Symptoms

- b) 心肌酵素或心肌旋轉蛋白有否升高? 如有, 請提供有關之化驗日期, 結果及測試種類。
Was there elevation of cardiac enzymes or Troponin? If yes, please provide the details of the date, result and type of tests. 是 Yes 否 No

日期 Date	測試種類 Type of Tests	結果 Results

c) (i) 在相關心臟事故期間，心電圖有否顯示新近具急性心肌梗塞特徵變化？ 是 Yes
Were there new characteristic ECG changes indicating acute myocardial infarction at the time of the Relevant cardiac incident? 否 No

(ii) 在相關心臟事故期間，心電圖有否新的改變顯示心臟肌肉血液供應不足？ 是 Yes
Were there new ECG changes indicating insufficient blood supply to the heart muscle at the time of The relevant cardiac incident? 否 No

(iii) 如以上任何答案為“有”，請提供有關變化之詳情？
If any of the above is “yes”, please give details of the changes

3) 中風
Stroke

a) 病人曾否患有中風？如有，請提供詳情。
Did the patient suffer from stroke? If yes, please provide the details.

性質 Nature	病徵 Signs and Symptoms	病徵出現時間 Duration of Signs and Symptoms

b) 病人有否永久性神經功能受損情況？如有，請提供詳情。
Is there any evidence of permanent neurological deficit? If yes, please provide the details.

神經功能受損情況 Type of Neurological Deficit	永久 Permanent	功能受損維持時期 Period of Deficit Has Been Lasting for
	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	

3. 有關診治記錄 About Health History

病人曾否患有以上列出或相關疾病？如有，請提供下列詳情。
Has the patient previously suffered from the condition specified above or any related illnesses? If yes, please provide the details below.

求診或住院日期 Consultation Date or Hospital Admission Date	醫生姓名或醫院名稱 Name of Physician or Hospital	首次求診日期 Date of First Consultation	診斷 Diagnosis	所接受的治療（請提供手術名稱，如有） Treatments Given (please provide the name of surgical procedure if it had been or will be performed)

手術日期
Date of Surgery

診斷檢驗
Diagnostic Tool

病理化驗結
Results of Histopathological Study

病人曾否患有其他疾病？如有，請提供下列詳情。
Has the patient ever suffered or is suffering from any other illnesses? If yes, please provide the details below.

求診或住院日期 Consultation Date or Hospital Admission Date	醫生姓名或醫院名稱 Name of Physician or Hospital	首次求診日期 Date of First Consultation	診斷 Diagnosis	所接受的治療（請提供手術名稱，如有） Treatments Given (please provide the name of surgical procedure if it had been or will be performed)

手術日期 Date of Surgery	診斷檢驗 Diagnostic Tool	病理化驗結果 Results of Histopathological Study

病人過往是否患有任何嚴重、慢性或先天性的疾病？如有，請提供詳情。

Had the patient suffered from any other major, chronic or congenital diseases? If yes, please provide the details.

病人過往是否患有其他疾病而並沒有於上述問題提及？如有，請提供詳情。

Is there any information about the past health of the patient not mentioned in the above questions? If yes, please provide the details.

4. 病人現在情況 Current Condition / Disability of the Patient

最後一次求診日期 Date of Last Consultation	身體受傷情況 Physical Findings	治療 Treatment	覆診指示 Indication for Follow-up

預測病人的情況？請提供詳情。

What is the prognosis of the patient? Please provide the details.

病人是否患有末期疾病？

Is the patient terminally ill?

是 Yes

否 No

病人會否於 12 個月內去世？

Is the death of the patient highly likely to be within 12 months?

是 Yes

否 No

5. 家庭健康資料 Family Health History

病人的直系親屬中曾否患有類似的疾病？如有，請列明與該親屬關係及疾病性質。

Have any immediate family members of patient suffered from a similar or related illness / condition? If yes, please state relationship of relative and nature of illness / condition.

6. 聲明及授權 Declaration & Authorisation

本人謹此聲明曾為病人作出診治，以上報的各項資料及本人基於以上的情況而提供意見。本人謹此聲明及同意上一切陳述及問題的所有答案均為事實之全部並實無訛。

I HEREBY CERTIFY that I have personally examined and treated the Patient in connection to the above condition and that the facts as given above present my opinion of his / her condition. I declare and agree to make the declaration on this claim form.

醫生姓名 : _____
Name of Physician

醫生簽署 : _____
Signature of Physician

醫學資格 : _____
Qualification

專業資格 : _____
Specialty

聯絡電話 : _____
Contact No.

蓋章 : _____
Official Stamp

聯絡地址 : _____
Mailing Address

簽署日期 : _____
Signature Date