

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 / 性別 Age / Gender						
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 disease										
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								
最終診斷 Final Diagnosis		診斷日期 Date of Diagnosis								
<p>在確診前，病人有否進行任何診斷測試 (例：眼壓，視野圖，裂隙燈檢查，前房角接觸鏡檢查，視神經檢查，光學相關斷層掃描術等)？如有，請提供詳情及有關報告。 Prior to the diagnosis of the disease, was there any diagnostic test done for the patient (e.g. Intraocular pressure, Visual field, Slit-lamp examination, Gonioscopy, Optic disc, Optical Coherence Tomography, etc) If yes, please provide the details and all available test reports.</p> <table border="1"> <thead> <tr> <th>日期 Date</th> <th>測試種類 Type of Tests</th> <th>結果 Results</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>					日期 Date	測試種類 Type of Tests	結果 Results			
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該疾病的根本原因 Underlying Cause of Patient's Illness / Condition										
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 Previous Illness	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	如是，請提供詳情。 If yes, please provide the details.								
2. 愛滋病毒 HIV Related	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No									
3. 先天性疾病 Congenital Disease	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No									
4. 受酒精藥物影響 Influence of Alcohol, Drug or Intoxicant	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No									

特別資料 Specific Information

1) 青光眼 (青光眼的手術治療) Glaucoma (Glaucoma Surgical Treatment)

- a) 病人曾否進行外科手術 / 激光手術? 如有, 請提供詳情。
Was open surgical procedure / laser surgery done for the patient? If yes, please provide details.

日期 Date 手術種類 Type of Surgery

- b) 預測病人的情況? 請提供詳情。 What is the prognosis of the patient? Please provide the details.

2) 白內障 (早期白內障) Cataract (Early Onset of Cataract)

- a) 根據斯內倫視力表或其他同等測試, 雙眼的最佳矯正視力: The best corrected visual acuity in both eyes by Snellen Chart or equivalent test:

日期及測試種類 左眼 Left Eye 右眼 Right Eye
Date & Type of Test

- b) 雙眼的最佳矯正視野闊度 The best corrected visual field in both eyes:

日期及測試種類 左眼 Left Eye 右眼 Right Eye
Date & Type of Test

- c) 病人的視力喪失是否不可復原? 請詳述 Was the loss of sight irreversible? Please provide details

左眼 Left Eye 右眼 Right Eye

3) 黃斑病變 Macular Degeneration

- a) 根據斯內倫視力表或其他同等測試, 雙眼的最佳矯正視力 The best corrected visual acuity in both eyes by Snellen Chart or equivalent test:

日期及測試種類 左眼 Left Eye 右眼 Right Eye
Date & Type of Test

b) 雙眼的最佳矯正視野闊度 The best corrected visual field in both eyes:
日期及測試種類 左眼 Left Eye 右眼 Right Eye
Date & Type of Test

c) 病人的視力喪失是否不可復原?請詳述 Was the loss of sight irreversible? Please provide details
左眼 Left Eye 右眼 Right Eye

4) 視網膜脫落 (視網膜脫落的手術治療) Retinal Detachment (Surgical Treatment for Retinal Detachment)

a) 病人曾否進行外科手術 / 激光手術? 如有, 請提供詳情。
Was open surgical procedure / laser surgery done for the patient? If yes, please provide details.
日期 Date 手術種類 Type of Surgery

b) 預測病人的情況? 請提供詳情。 What is the prognosis of the patient? Please provide the details.

3. 有關診治記錄 About Health History

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

病人過往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/住院日期 Consultation/Admission Date 醫生姓名或醫院名稱 Name of Physician or Hospital 診斷 Diagnosis

<u>手術/測試日期</u> Date of Surgery / Test	<u>手術/測試種類</u> Type of Surgery / Test	<u>結果</u> Results
<p>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.</p> <p><u>求診/住院日期</u> <u>醫生姓名或醫院名稱</u> Name of Physician or Hospital <u>診斷</u> Diagnosis Consultation/Admission Date</p>		
<p>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.</p>		
4. 聲明及授權 Declaration & Authorisation		
<p>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.</p>		
<p>醫生姓名 : Name of Physician _____</p>	<p>醫生簽署 : Signature of Physician _____</p>	
<p>醫學資格 : Qualification _____</p>	<p>專業資格 : Specialty _____</p>	
<p>聯絡電話 : Contact No. _____</p>	<p>蓋章 : Official Stamp _____</p>	
<p>聯絡地址 : Mailing Address _____</p>	<p>簽署日期 : Signature Date _____</p>	