

ATTENDING PHYSICIAN'S STATEMENT 應診醫生報告書

PART II 第二部份

Dread Disease Claim 附加危疾保障

To be completed by the attending physician / surgeon at the claimant's own expenses.
由主診醫生填寫，所有費用由索償人自行承擔

Full name of Patient 病人姓名	Age/Sex 年歲/性別	I. D. Number 身份證號碼
A. CLINICAL HISTORY 就診病史		
1. Date on which the patient first consulted you for the hospitalized illness or injury. 有關此次患病或受傷住院，閣下於何時首次會診該病人 _____ (YY/MM/DD 年/月/日)		
2. Please describe the symptoms and complaints of the patient during first consultation. 請詳細註明該病人於首次會診時之徵狀和病症 _____ _____		
3. According to medical history given by the patient, 根據該病人透露之過往就診病史		
a. how long had the patient been experiencing these symptoms before the first consultation. 該病人於首次求診時患此病徵已存在有多久 Since on 自 _____ (YY/MM/DD 年/月/日) OR accident date 或意外日期 _____ (YY/MM/DD 年/月/日)		
b. how long do you feel the symptoms had lasted before this first consultation. 閣下認為該病人於首次會診前之病徵已存在多久 _____		
c. had the patient previously consulted any other physician on account of these symptoms? If so, please give name and address of physician and other details. 該病人曾否接受由其他醫生診治上述該疾病? 若有，請註明該醫生之姓名、地址和有關資料 _____		
4. a. What was your clinical diagnosis? 於會診後，閣下確診該病人之病症是什麼 _____		
b. When was it made? 於何時確診 _____		
B. HOSPITALIZATION HISTORY 住院病史		
5. a. Hospitalization 住院資料		
Name of Hospital 醫院名稱 _____		
Date of Admission 入院日期 _____ Date of Discharge 出院日期 _____		
Final diagnosis 住院診斷 _____		
Medical treatment given and test(s) performed 需接受何種治療及化驗檢查 _____ _____		
b. Surgical Procedure 手術資料		
Date of Operation 手術日期 _____ Name of the procedure 手術名稱 _____		
Surgeon 外科手術醫生姓名 _____ Anaesthetist 麻醉師姓名 _____		
Nature 性質 _____		
C. BRIEF DISCHARGE SUMMARY 出院撮要 (including treatments, investigation procedures, results, and/or any complications and follow up plan) 治療及以後治療計劃，包括診查辦法、結果、併發症及覆診跟進計劃		

D. PROFESSIONAL COMMENT 閣下之專業意見

1. Was it the first attack of this illness or injury? If not, please provide the first occurrence date and past treatment details.

是次病症或受傷是否第一次發作? 如否者, 請提供該病人上述第一次發作之日期及過往治療資料

Yes 是 No 否

please state請註明 _____

2. Was it secondary to some major illness(es)? If yes, please give details.

是否由其他嚴重病疾併發造成? 如是者, 請述詳情

Yes 是 No 否

please state請註明 _____

3. The prognosis of the condition.

病症之預斷

4. What is the chance of having a relapse?

是否有復發之可能

5. To the best of your knowledge, has the patient ever had the same or similar conditions or symptoms relating thereto?

根據閣下所知, 該病人以前有否患有同類或類似病況

Yes 是 No 否

please state date and describe 請註明日期及當時病況 _____

E. FOR FEMALE ONLY 只適用於女性病人

Was the patient pregnancy at the time of hospitalization? If yes, please state how many months & confinement date.

該病人此次住院, 是否因懷孕導致而成? 如是者, 請註明懷孕多久及預產日期

Yes 是 No 否

please state 請註明 _____

F. OTHERS 其他

1. Is the patient referred by another doctor? 該病人是否經其他醫生轉介

Yes 是 No 否

Name and address of the referral doctor 轉介醫生之姓名和地址 _____

2. Had the patient previously been treated or hospitalized for this or any other serious disorder? If so, please give details.

該病人曾否因患上述疾病或其他嚴重疾病接受醫生或醫院治療? 如是者, 請述詳情

<u>Dates</u>	<u>Disease/Disorder</u>	<u>Details or treatment/hospitalization</u>	<u>Name of Physician/Hospital</u>
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日期

疾病

治療/住院詳情

醫生姓名/醫院名稱

Name of Attending physician / Specialist (with qualification)

主診 / 專科醫生的姓名 (資歷)

Address

地址

Telephone

電話

Signature of Attending physician / Specialist

主診 / 專科醫生簽名

Date

日期

Hospital Stamp

醫院蓋章

Name of Hospital

醫院名稱

Address (if outside of Hong Kong)

地址 (如非在香港)