

PART II 第二部份

ATTENDING PHYSICIAN'S STATEMENT 應診醫生報告書

Dread Disease Claim – Heart Disease (CLIND02-01)

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

Please write in regular script clearly

Full name of Patient 病人姓名	Age/Sex 年歲/性別	I. D. Number 身份證號碼
A. GENERAL INFORMATION		
1. Are you the Insured usual Doctor?		
2. When the patient first consulted you for the 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)		
3. 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 _____ _____		
4. Please describe the recent condition of the patient. _____ _____		
5. What is the final diagnosis? When and on what ground(s) the diagnosis was made? What was the cause of the disease? _____ _____		
6. What will the prognosis of the condition be? Is the disease getting better or deteriorated? Is it possible to recover? _____ _____		
7. 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		

B. DETAILS OF THE INSURED'S DREAD DISEASE

1. Did the patient complain of chest pain recently? If yes, please describe the characteristics of the onset of the chest pain.
病人最近是否有胸痛?如是,請詳述其特徵.

2. Is the patient diagnosed as Acute myocardial infarction recently?
病人最近是否被診斷為急性心肌梗塞?

3. Did the patient suffer from coronary artery atherosclerosis before? For how long?
病人是否以前曾患冠心病?患病多久?

4. What is the recent change of the enzyme related to AMI according to the blood test?
最近是否出現心肌酵素改變的情況?

5. What is the recent change related to AMI in ECG?
心電圖最近是否出現有關變化?

6. If the patient was undertaken any form of coronary artery surgery? If yes, please provide the name of surgery.
病人曾否接受任何冠心病的手術?如是,請註明手術名稱.

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

Dates

日期

Disease/Disorder

疾病

Details or treatment/hospitalization

治療/住院詳情

Name of Physician/Hospital

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)