# 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

**Heart Valve Replacement 心瓣更換術 :**

**因心瓣狹窄或閉鎖不全須進行更換人工瓣膜手術，但不包括瓣膜修補及切開手術。**

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. 閣下認爲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

| Dates<br>日期 | Disease/Disorder<br>疾病 | Details or treatment/hospitalization<br>治療/住院詳情 | Name of Physician/Hospital<br>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

_____
Name of Hospital
醫院名稱

Hospital Stamp
醫院蓋章

_____
Address (if outside of Hong Kong)
地址 (如非在香港)