危疾理賠–醫生表格
Critical Illness Claim – Physician's Statement

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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

該疾病的根本原因 Underlying Cause of the Illness

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

		如是，請提供詳情。 If yes, please provide the details.
1. 以往的疾病 Previous Illness	☐ 是 Yes ☐ 否 No	
2. 愛滋病毒 HIV Related	☐ 是 Yes ☐ 否 No	
3. 先天性疾病 Congenital Disease	☐ 是 Yes ☐ 否 No	
4. 受酒精藥物影響 Influence of Alcohol, Drug or Intoxicant	☐ 是 Yes ☐ 否 No	

特別資料 Specific Information

1) 癌症 Cancer

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

日期 Date	測試種類 Type of Surgery / Test	結果 Results

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？
Is there uncontrolled growth of malignant cells?
☐ 是 Yes ☐ 否 No

d) 癌細胞有否明顯入侵基質？
Is there uncontrolled growth of malignant cells?
☐ 是 Yes ☐ 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？請提供詳情。
Is there any distant metastasis? If yes, any identified secondary site?
☐ 是 Yes ☐ 否 No

f) 若診斷為皮膚癌，該疾病是否惡性黑色素瘤？
If the diagnosis is skin cancer, is it malignant melanoma ?
☐ 是 Yes ☐ 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) 病病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) 心肌酵素或心肌鈣蛋白有否升高？如有，請提供有關之化驗日期，結果及測試種類。 ☐ 是 Yes ☐ 否 No
Was there elevation of cardiac enzymes or Troponin? If yes, please provide the details.

日期 Date	測試種類 Type of Test	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？
Were there new characteristic ECG changes indicating acute myocardial infarction at the time of the relevant cardiac incident?
☐ 有 Yes ☐ 沒有 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？
Were there new ECG changes indicating insufficient blood supply to the heart muscle at the time of the relevant cardiac incident?
☐ 有 Yes ☐ 沒有 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.

就診日期 Consultation Date	醫生/醫院 Physician / Hospital	診斷 Diagnosis	病徵出現時間 Duration of Sign & 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	病功能受損維持時期 Period of Deficit Has Been Lasting for
	☐ 是 Yes ☐ 否 No	

4) 原位癌 Carcinoma-in-situ

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

日期 Date	測試種類 Type of Surgery / Test	結果 Results

b) 上述原位癌被界別為第幾級別? 別的分類？ What is the staging of Carcinoma-in-situ of the diagnosis?

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，請提供下例詳情。
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

手術/測試日期 Date of Surgery / Test	手術/測試種類 Type of Surgery / Test	結果 Results

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.

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

手術/測試日期 Date of Surgery / Test	手術/測試種類 Type of Surgery / Test	結果 Results

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. 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 : _____