死亡保障 – 醫生表格
Death Benefit – Physician's Statement

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 Age	性別 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.

是次疾病的首求診日期
Date of First Consultation for this Illness / Condition

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

診斷日期
Date of Diagnosis

最終診斷
Final Diagnosis

該疾病的根本原因
Underlying Cause of Patient's Illness / Condition

其他重要發現
Other Significant Findings

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

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

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

在確診前，病人有否進行任何測試? 如有，請提供詳情及有關報告。
Prior to the diagnosis of this illness / condition, was there any diagnostic test / histology / biopsy done for the patient? If yes, please provide the details and all available test reports.

日期 Date	測試 Type of Test	結果 Results

病人曾否患有相關疾病? 如有，請提供就診日期、有關資料及診斷。
Has the patient previously suffered from related conditions of this illness? If yes, please provide the dates of consultation, details of condition and diagnosis.

特別資料
Specific Information

1) 若診斷並不與以下問題（2）至（6）的疾病有關，請在以下方格提供有關詳情 。
For diagnosis which is not listed in questions (2) to (6) below, please provide details in the following box.

2) 癌症疾病
Cancer Related Disease

病人是否患有腫瘤、惡性或癌前病變的情況？如是，請列出該位置及器官。
Did the patient suffer from any tumor, malignant or pre-cancerous conditions? If yes, please state the site and organ involved.

位置及器官 Site and Organ Involved	擴散至淋巴核 Lymph Node Involved

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

日期 Date	活組織檢查結果 Biopsy Result	其他檢查結果 Other Diagnostic Test Result

腫瘤的級別？級別的分類?
What is the tumor staging for this patient? What staging classification is used?

是否有擴散情況？擴散到身體那些部份?
Is there any distant metastasis? Where is the metastasis?

若診斷為白血病，該疾病是否慢性淋巴細胞白血病? ☐ 是 Yes
If the diagnosis is leukemia, is it chronic lymphatic leukemia? ☐ 否 No
若診斷為皮膚癌，該疾病是否惡性黑色素瘤? ☐ 是 Yes
If the diagnosis is skin cancer, is it malignant melanoma? ☐ 否 No

若病人患有腦癌，所涉及腦部那一部分？，是否腦下腺腫瘤或脊髓腫瘤?
If the patient suffered from brain tumor, which part of brain is involved? Was the tumor in pituitary gland or spinal cord?

腦部位置 Site of Brain Involved	腦下腺 In Pituitary Gland	脊髓 In Spinal Cord
	☐ 是 Yes ☐ 否 No	☐ 是 Yes ☐ 否 No

該腫瘤是否囊腫、肉芽腫、腦動脈或靜脈變形、血腫？如是，請提供詳情。
Is the tumor in the form of cyst, granulomas, hematomas, other malformations in or of the blood vessels of the brain? If yes, please provide the details.

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

3) 心臟病
Heart Attack

病人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

病人曾否進行心電圖 /動態心電監測 / 二十四小時動態心電圖等測試？如有，請列明日期及結果。
Was there any ECG / treadmill / holter 24 hours monitoring, etc done for patient? If yes, please state the date, result and all available test reports.

日期 Date	測試種類 Type of Tests	結果 Results

病人曾進行心肌酵素測試？如有，請列明日期及結果。
Was there any cardiac enzyme test done for the patient? If yes, please state the date, result and all available test reports.

日期 Date	測試種類 Type of Tests	結果 Results

4) 心臟冠狀動脈疾病
Coronary Artery Disease

病人曾否患有心臟冠狀動脈疾病？如有，該疾病涉及那條冠狀動脈？
Did the patient suffer from any disorder / problem in any coronary arteries are involved?

該動脈的狹窄或阻塞的百分比？請提供治療的詳細資料。
What is the percentage of narrowing or blockage of the respective coronary arteries involved? Please provide the details of any treatment performed.

狹窄或阻塞的百分比 Percentage of Narrowing or Blockage	主要冠狀動脈 Coronary Arteries Involved	接受治療的日期及種類 Date and Type of Treatment Performed

5) 主動脈疾病
Aorta Disease

病人曾否患有胸腔動脈瘤 / 腹主動脈的狹窄或阻塞並進行相關手術？如有，請提供詳情。
Did the patient suffer from narrowing, blockage, dissection or aneurysm of the thoracic or abdominal aorta? If yes, please provide the details.

最後診斷 Final Diagnosis	手術 / 治療日期及種類 Date and Type of Surgery / Treatment

6) 中風
Stroke

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.

性質 Nature	病徵 Signs and Symptoms	病徵出現時間 Duration of Signs and Symptoms

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	功能受損維持時期 Period of Deficit Has Been Lasting for
	☐ 是 Yes ☐ 否 No	

3. 有關診治記錄 About Health History

病人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.

求診或住院日期 Consultation Date or Hospital Admission Date	醫生姓名或醫院名稱 Name of Physician or Hospital	首次求診日期 Date of First Consultation	診斷 Diagnosis	所接受的治療（請提供手術名稱，如有） Treatments Given (please provide the name of surgical procedure if it had been or will be performed)

手術日期 Date of Surgery	診斷檢驗 Diagnostic Tool	病理化驗結 Results of Histopathological Study

病人曾否患有其他疾病？如有，請提供下例詳情。
Has the patient ever suffered or is suffering from any other illnesses? If yes, please provide the details below.

求診或住院日期 Consultation Date or Hospital Admission Date	醫生姓名或醫院名稱 Name of Physician or Hospital	首次求診日期 Date of First Consultation	診斷 Diagnosis	所接受的治療（請提供手術名稱，如有） Treatments Given (please provide the name of surgical procedure if it had been or will be performed)

手術日期 Date of Surgery	診斷檢驗 Diagnostic Tool	病理化驗結果 Results of Histopathological Study

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.

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.

病人是否有以下習慣?
Did the patient have any of the following habits?

1. 吸煙習慣 Smoking Habit	☐ 是 Yes ☐ 否 No	如是，請提供年期及服用詳情。 If yes, please provide the details of duration and consumption.
2. 飲酒習慣 Drinking Habit	☐ 是 Yes ☐ 否 No	
3. 服食藥物習慣 Drugs Taking Habit	☐ 是 Yes ☐ 否 No	
4. 其他（請說明） Others (please specify)	☐ 是 Yes ☐ 否 No	

4. 病人現在情況 Current Condition / Disability of the Patient

病人是否不能獨立完成以下基本日常生活活動？（請剔√）
Is the patient currently UNABLE to perform any Activities of Daily Living? (please tick√)

自行進食 Ability to Feed Oneself	☐ 是 Yes ☐ 否 No	如是，請提供詳情。 If yes, please provide the details.
自行梳洗 Ability to Wash and Bathe Oneself	☐ 是 Yes ☐ 否 No	
自行穿衣 Ability to Dress and/or Undress Oneself	☐ 是 Yes ☐ 否 No	
自行如廁 Ability to Attend to Own Toilet Needs	☐ 是 Yes ☐ 否 No	
自行於床或椅子移動 Ability to Move Independently In and Out of Bed or Chair	☐ 是 Yes ☐ 否 No	
於室內平地自由活動 Ability to Move Indoors from Room to Room on Level Surface	☐ 是 Yes ☐ 否 No	

最後一次求診日期 Date of Last Consultation	身體受傷情況 Physical Findings	治療 Treatment	覆診指示 Indication for Follow-up

注意:
永久性完全傷殘指不能執行任何能獲得報酬或利潤的工作。
Note:
Total and permanent disability refers to inability to perform any gainful occupations.

永久性完全傷殘之時期 Period of Total and Permanent Disability	由 Form _____ 至 To_____ 原因 Reason

現時身體或精神情況 Current Physical or Mental Impairment	延長是次傷病時間的原因 Factors There May Have Contributed or Lengthened the Period of Disability

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

病人是否患有末期疾病?
Is the patient terminally ill?
☐ 是 Yes
☐ 否 No

病人會否於 12 個月內去世?
Is the death of the patient highly likely to be within 12 months?
☐ 是 Yes
☐ 否 No

如病人仍然不能回復其日常工作，是否有其他治療 / 復康計劃? 預計病人何時可從事任何其他工作?
If the patient is still unable to return to regular occupation, what is the future treatment / rehabilitation plan? And what is the expected date he / she may engage in any other occupation?

5. 家庭健康資料 Family Health History

病人的直系親屬中曾否患有類似的疾病? 如有，請列明與該親屬關係及疾病性質。
Have any immediate family members of patient suffered from a similar or related illness / condition? If yes, please state relationship of relative and nature of illness / condition.

6. 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