

Part II - Medical Certificate (to be completed by the Attending Physician, duly qualified and registered, at claimant's own expense) in relation to :

第二部份 - 醫療報告 (由索償人自費聘請主診註冊西醫填寫) 有關於 :

<p>Heart Attack The death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The following features must be present:</p> <p><input type="checkbox"/> a history of typical chest pain; and <input type="checkbox"/> new ECG changes characteristic of myocardial infarction; and <input type="checkbox"/> elevation of cardiac enzymes.</p> <p>心臟病發作 因有關心肌供血不足而引致有關心肌部份壞死，並具備下列特徵：</p> <p><input type="checkbox"/> 典型胸痛病史；及 <input type="checkbox"/> 心肌梗塞特有的新的心電圖變化；及 <input type="checkbox"/> 心臟酵素上升。</p>

Name of Patient 病人姓名	ID / Passport No. 身份證 / 護照號碼	Age & Sex 年齡及性別
<p>1. Are you the patient's usual physician? 你是否病人慣常求診的醫生?</p> <p><input type="checkbox"/> Yes, medical records date back to 是，醫療紀錄可溯至 _____ (DD/MM/YY) 日/月/年 <input type="checkbox"/> No 不是</p>		
<p>2. When were you first consulted for this or related illness? 病人首次因相同或相關病症向閣下求診的日期?</p> <p>_____ (DD/MM/YY) 日/月/年 Symptoms presented were: 病徵包括：_____</p>		
<p>3. According to the patient, how long had he / she been experiencing these symptoms before the first consultation? 根據病人所提供的資料，病人在首次求診前，其病徵已存在多久?</p> <p>Since _____ (DD/MM/YY) OR for _____ day(s) _____ month(s) _____ year(s) 從 _____ 日/月/年 或 已存在 _____ 日 月 年</p>		
<p>4. (a) Clinical diagnosis 臨床診斷</p> <p>(b) When was it made? 何時確實這診斷? _____ (DD/MM/YY) 日/月/年</p> <p>(c) When was the patient informed of the clinical diagnosis? 病人何時被醫生告知其所患的臨床病症及診斷? _____ (DD/MM/YY) By (name & address of physician): _____ 日/月/年 由 (醫生姓名及地址)</p> <p>(d) How long, in your opinion, has the patient suffered from this illness before his / her first consultation? _____ 根據閣下的意見，病人在接受第一次診療之前，該病症已持續了多久?</p>		
<p>5. (a) Final diagnosis 最後診斷</p> <p>(b) Date of final diagnosis: 最後診斷日期 _____ (DD/MM/YY) 日/月/年</p> <p>(c) When was the patient informed of the diagnosis? 病人何時被醫生告知其所患的病症及診斷? _____ (DD/MM/YY) By (name & address of physician): _____ 日/月/年 由 (醫生姓名及地址) :</p>		
<p>6. Please provide full details of the diagnosis and its clinical basis. 請提供所有診斷及臨床診斷的詳情</p>		
<p>7. Was the patient referred to you from other physician(s)? 病人是否由其他醫生轉介?</p> <p><input type="checkbox"/> Yes, _____ (DD/MM/YY) By (name & address of physician): _____ <input type="checkbox"/> No 不是 是， _____ 日/月/年 由 (醫生姓名及地址) :</p>		
<p>8. Is there any patient's family history which would increase the risk of this illness? 病人是否因其任何的家族病史而增加患上此疾病的機會?</p> <p><input type="checkbox"/> Yes, please provide details : 有，請詳述：_____ <input type="checkbox"/> No 沒有</p>		



<p>9. Does the patient smoke cigarette? 病人是否有吸煙習慣?</p> <p> <input type="checkbox"/> Yes, has been smoking since 有, 由 _____ (DD/MM/YY) 日/月/年開始吸煙 <input type="checkbox"/> No 沒有 </p> <p> <input type="checkbox"/> Ex-smoker, started on _____ (DD/MM/YY), ceased on _____ (DD/MM/YY) 前吸煙者, 開始於 _____ (日/月/年), 於 _____ (日/月/年) 停止 </p>											
<p>10. All consultants, specialists and hospitals to which your patient has been referred to or attended for this illness 病人因此病症而曾接受過診治的, 或曾被轉介過的所有醫生 (普通科及專科) 和醫院的名稱</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Consultation Dates (DD/MM/YY) 就診日期</th> <th style="text-align: left; border-bottom: 1px solid black;">Physician / Hospital 醫生/ 醫院全名</th> <th style="text-align: left; border-bottom: 1px solid black;">Diagnosis 診斷</th> <th style="text-align: left; border-bottom: 1px solid black;">Treatment and Investigation Results / Hospitalization 任何醫療診治及檢查結果 / 住院詳情</th> </tr> <tr> <td style="height: 40px;"></td> <td></td> <td></td> <td></td> </tr> </table>				Consultation Dates (DD/MM/YY) 就診日期	Physician / Hospital 醫生/ 醫院全名	Diagnosis 診斷	Treatment and Investigation Results / Hospitalization 任何醫療診治及檢查結果 / 住院詳情				
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<p>11. Date of Heart Attack 心臟病發作日期 _____ (DD/MM/YY) 日/月/年</p>											
<p>12. (a) Was there a history of typical chest pain? 有否典型胸痛病史?</p> <p> <input type="checkbox"/> Yes, please provide details and date of the chest pain. 是, 請詳述胸痛的情況及日期: _____ <input type="checkbox"/> No 沒有 </p> <p> (b) Was there a serial elevation of cardiac enzymes (C.P.K.) documented? 是否有連續性心臟酵素上升之文件記錄? </p> <p> <input type="checkbox"/> Yes, date(s) and period: 有, 日期及持續時段: _____ <input type="checkbox"/> No 沒有 </p> <p> (c) Were there any new ECG changes indicative of a myocardial infarction? 心電圖報告有否新的心電圖變化以顯示出心肌梗塞? </p> <p> <input type="checkbox"/> Yes, please provide details.: 有, 請詳述變化情況 _____ <input type="checkbox"/> No 沒有 </p> <p> (d) Is this Heart Attack an acute condition? How long has the symptom lasted for? 是次心臟病發是否急性病發? 其病徵存在了多久? </p> <p> <input type="checkbox"/> Yes, please provide details.: 是, 請詳述 _____ <input type="checkbox"/> No 不是 </p> <p> (e) Was there any death of a portion of the heart muscle has been caused by the inadequate supply of blood? 心肌有否因為心肌供血不足而導致部份壞死? </p> <p> <input type="checkbox"/> Yes, location: 有, 位置: _____ <input type="checkbox"/> No 沒有 </p> <p> (f) What tests were performed to confirm the diagnosis? (Please enclose copies of all laboratory reports and relevant medical reports that are available) 有什麼檢驗結果讓閣下能確定此診斷? (請提供有關檢驗報告及醫療報告副本) </p> <table style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Test Date (DD/MM/YY) 檢驗日期(日/月/年)</th> <th style="text-align: left; border-bottom: 1px solid black;">Test Item 檢驗項目</th> <th style="text-align: left; border-bottom: 1px solid black;">Result / Final Diagnosis 結果/ 最後診斷</th> </tr> <tr> <td style="height: 40px;"></td> <td></td> <td></td> </tr> </table>				Test Date (DD/MM/YY) 檢驗日期(日/月/年)	Test Item 檢驗項目	Result / Final Diagnosis 結果/ 最後診斷					
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<p>13. Has the patient ever had history of stroke in the PAST and / or any history of related illness, heart problem, hypertension, diabetes mellitus, high blood cholesterol or obesity? 病人過往是否有中風及/或相關的病症、心臟疾病、高血壓、糖尿病、高膽固醇或肥胖的病史?</p> <p> <input type="checkbox"/> Yes, please provide full details: 有, 請詳述: _____ <input type="checkbox"/> No 沒有 </p> <table style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Consultation Dates (DD/MM/YY) 就診日期</th> <th style="text-align: left; border-bottom: 1px solid black;">Physician / Hospital 醫生/ 醫院全名</th> <th style="text-align: left; border-bottom: 1px solid black;">Diagnosis 診斷</th> <th style="text-align: left; border-bottom: 1px solid black;">Treatment and Investigation Results / Hospitalization 任何醫療診治及檢查結果 / 住院詳情</th> </tr> <tr> <td style="height: 40px;"></td> <td></td> <td></td> <td></td> </tr> </table>				Consultation Dates (DD/MM/YY) 就診日期	Physician / Hospital 醫生/ 醫院全名	Diagnosis 診斷	Treatment and Investigation Results / Hospitalization 任何醫療診治及檢查結果 / 住院詳情				
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<p>14. Other additional information for the current diagnosis 其他有關此診斷結果之額外資料</p>											
<p>Name of Physician _____ 醫生姓名 Hospital Name (if applicable) _____ 醫院名稱(如適用) Address _____ 地址 Signature & Hospital/ Physician's Chop _____ 醫院/ 醫生簽署及蓋印</p>		<p>Qualification _____ 資歷 Telephone No _____ 聯絡電話 Date (DD/MM/YY) _____ 日期 (日/月/年)</p>									

