

**Patient Name 病人姓名**

**Date of birth 出生日期**

**HKID No. 香港身份證號碼**

**Age & Sex 年齡及性別**

**Medical Details 醫療詳情:**

How long have you been the attending doctor of the patient? 閣下成為病人的主診醫生有多久?	
When were the earliest medical records of the patient? 閣下持有客戶相關病歷的最早日期是?	
When was the last visit of the patient? 閣下上一次是何時會見病人?	
Was the patient referred to you from another physician (s) or other professional? Please provide the referrals details. 病人是否轉介自其他醫生或專業醫療人員?如是,請填寫轉介人的詳細資料:	
Name of referral 轉介人姓名:	
Address 地址:	
Referral date 日期:	
Referral reason 轉介原因:	

1. Please provide the following information to let us understand more of the patient's illness. (You can list out more than one diagnosis as different diagnosis are usually derived from the symptoms of the patient)

請填妥以下資料,讓我們瞭解病人現時的病症。(病人的徵狀通常由不同的病症所引致,因此閣下可於本表格詳列多於一項病症)

Current nature of the illness and diagnosis 現時病症的性質和診斷	First and last visit date 首次和最後一次 求診日期	Treatment / Drugs treatment 治療 / 藥物治療	Test / Exam types and results (Please provide report) 檢驗 / 檢查類型及結果 (請附上報告)

2. Please describe the symptoms of the patient 請描述病人的徵狀:

3. Is illness considered end stage illness? If yes, what is the life expectancy? Please tick the appropriate box (□).

病症是否被視為末期?如是,預期壽命有多久?請在適當方格加上剔號(□):

0-6month(s) <input type="checkbox"/>	6-12months <input type="checkbox"/>	12-18 months <input type="checkbox"/>	More than 18 months <input type="checkbox"/>	Others 其他: <input type="checkbox"/>
0-6個月	6-12個月	12-18個月	18個月以上	_____ months/月

4. Would the injury/illness of the patient have a great chance to improve? Please provide details.

病人現時的傷病程度是否有重大機會出現改善?請提供詳情。

5. Has the patient been referred to other professionals / specialist due to this illness? If yes, please provide name, address, along with a copy of related documents.

病人有否因這項病症而被轉介至顧問醫生 / 專科醫生?如有,請提供有關姓名、地址,並附上任何往來文件或紀錄的副本。

6. Has the patient been referred to and received any rehabilitation treatment? If yes, please provide details.

病人曾否被轉介至及接受任何復康治療?如有,請提供詳情。

Treatment nature or type 治療的性質或類型	First treatment date 首次接受治療日期	Last treatment date 最後接受治療日期	Treatment response 對治療的反應

7. Has the patient undergone any psychological symptoms such as anxiety or depression? If yes, please provide the details of both symptoms and treatments. If patient has been referred to psychiatrist, please provide the contact details (name, address, phone and fax no).

病人現時是否出現任何心理徵狀,例如焦慮或抑鬱?如有,請提供這些徵狀及其治療的詳情。

如有轉介至心理專家,亦請提供該專家的聯絡資料(姓名、地址、電話與傳真號碼)。

8. Do the psychological symptoms influence the management ability regarding daily activities or motivation of the patient? Please provide details. 有關的心理徵狀有否正影響病人管理日常活動的能力或動機？請提供詳情。
9. Apart from the above current illness, please list out any past severe illness/accident. 除以上詳述的現時病症外，請列出病人過往的任何嚴重疾病或意外。

Illness nature and diagnosis 病症的性質及診斷	Onset / Incident date 發病/事年日期	Treatment / Drug treatment 治療 / 藥物治療	Test / Exam types and results (Please provide report, if any) 檢驗 / 檢查類型及結果 (如有，請附報告)	Last visit date 最後求診日期

**Daily Regular Activities 日常活動情況**

10. Daily Regular Activities since last discharge date or last visit date. Below is the daily activity table. Please score to indicate the ability of the patient when he/she carries out the daily activities. Please try your best to answer as we understand that some answers are subjective. Should you provide further information, please fill out the last question of this claim form  
自上次出院日期或求診日期後的日常活動情況。以下為日常活動情況表。請為每個項目在方格內評級以顯示病人進行該項活動的能力。我們明白部份答案可能較為主觀，但請盡量回答。若閣下擬提供進一步詳情，請填寫問卷最後的其他資料一欄。

Scoring Guidance 評級指引			
1	No Assistance Is Required for daily activities 可以不需協助而進行活動，即不需要任何協助	5	50% to 70 % of time needs assistance for daily activities 較多時間需要協助，即50-75%的時間需要協助
2	Required Assistance/ Aid Assistance for daily activities 可以在協助/器材輔助下進行活動	6	75% to 90% of time needs assistance for daily activities 大部份時間需要協助，即75-90%的時間需要協助
3	Need Nursing Case for daily activities 可以進行活動，但需要看護	7	Always cannot carry out daily activities 經常不能進行活動
4	Less than 50 % of time needs assistance for daily activities 間歇性需要協助，即少於50%的時間需要協助		

Activities 活動	Scoring 分數	Since when requiring assistance 開始需要協助的日期	Expected date not requiring assistance 預計不再需要協助的日期	Need assistance / Aid Assistance 需要的輔助 / 器材輔助	Types of care needed 需要的護理類型*
In/Out of shower, or in other ways to complete the grooming. 進出浴缸或淋浴室，或以其他方式滿意地完成梳洗。					
Put on, take off, fasten, or loosen clothes and other frame, or prosthetics or other appliances. 穿上、脫下、繫緊或解開各種衣服及任何適當的支架、義肢或其他外科器具。					
Feed his/herself 當食物準備好時，自己進食。					
Use the lavatory or self-control bowel to maintain personal hygiene. 使用洗手間或控制大小便，以保持合理個人衛生。					
Move from beds to an upright chair or wheelchair and vice versa. 從床移動到直背椅子或輪椅（反之亦然）。					
Move indoors from room to room on level surface.					

Long Term Care Benefit Claim Form 長期護理保障理賠申請書

在室內平地從一房間移動到另一房間。					
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\* Type of care needed means assistance from other personnel, professionals or Social Welfare Department or Non-Profit Organization.

「需要的護理類型」指其他人員、專業醫療人員或福利部門或非牟利機構等提供的協助。

11. Please tick on the following sentence describing the patient's ability to carry out below activities.

請剔選以下最適當的句子，以描述病人進行下列活動的能力。

a. Whether the patient can use the phone? 病人是否能使用電話？	Yes是	No否
Recognize phone number /dial in and out without assistance 在沒有協助的情況下，包括辨別號碼及打出。		
Able to pick up the phone or to call emergency with partial assistance, but need assistance in recognizing the phone no or while dialing out. 在部份協助的情況下，例如可接聽電話或於緊急情況下致電接線生，但在辨別號碼或打出時需要特別電話或協助。		
Not able to use the phone. 完全不能使用電話。		
Do not know. 不知道。		

b. Whether the patient can reach to the required location. 病人是否能到達指定地點？	Yes是	No否
Able to take public transport such as bus, taxi or drive without assistance. 在沒有協助的情況下，例如可自行乘搭巴士、的士或駕駛。		
Need accompanying and partial assistance in the course of a trip. 在部份協助的情況下，例如在行程期間需要協助或陪同。		
Not able to make any trip unless emergency special vehicles, such as ambulances, are urgently arranged. 不能作任何行程，除非緊急安排特別車輛，例如救護車。		
Do not know. 不知道。		

c. Whether the patient can go shopping if transportation is arranged. 病人是否能出外購物，假設獲安排交通？	Yes是	No否
Able to go shopping without assistance. 在沒有協助的情況下，例如可滿足所有購物需要。		
Need accompanying when go shopping under partial assistance. 在部份協助的情況下，例如在每次出外購物時需要陪同。		
Not able to go shopping. 完全不能出外購物。		
Do not know. 不知道。		

d. Whether the patient can prepare food 病人是否能自行預備膳食？	Yes是	No否
Able to plan meal and cook without assistance. 在沒有協助的情況下，例如可自行計劃膳食和煮食。		
Able to prepare some ingredients but cannot cook a meal without partial assistance. 在部份協助的情況下，例如可預備部份食材，但不能烹煮一整餐膳食。		
Unable to prepare a meal. 完全不能預備任何膳食。		
Do not know. 不知道。		

e. Whether the patient can prepare own medicine and medication. 病人是否能自行預備藥物和服藥？	Yes是	No否
Able to take appropriate quantity of medicine on time without assistance. 在沒有協助的情況下，例如準時服用適量藥物		
Able to take drugs prepared by others/or reminding medicine with partial assistance. 在部份協助的情況下，例如由他人預備藥物及／或提醒服藥，病人有能力服藥。		
Not able to take medication without assistance. 在沒有完全協助下，不能服藥。		
Do not know. 不知道。		

f. Whether the patient can manage his/her finance. 病人是否能自行理財？	Yes是	No否
Able to settle bills/write checks without assistance. 在沒有協助的情況下，例如可填寫支票及繳費等。		
Able to handle daily financial management, but need assistance in managing the check books and payments. 在部份協助的情況下，例如管理日常理財，但在管理支票簿及繳費方面需要協助。		
Not able to handle financial management. 完全不能理財。		
Do not know. 不知道。		

12. Does the patient need permanent care? Please provide details. 閣下認為病人是否需要永久護理？請提供詳情。
13. According to your knowledge, please provide the following information 請根據閣下所知，盡量回答以下的問題：
- a. Does the patient live alone before/after last admission or clinical visit? If not, who lives with the patient and how long is the arrangement?  
病人自上次入院或求診前/後是否獨居？如「不是」，病人與誰居住以及有關的安排為期多久？
- b. What type of housing does the patient live before/after last admission or clinical visit, e.g. House, apartment, motel, elderly home?  
Is there any elevator available? 病人自上次入院或求診前/後居於哪一類型的住宅？如平房、大廈單位、旅館、護養院，是否設有升降機等？
- c. Who takes care of the patient and for how long? Please list out the arrangement, e.g. pay visit to patient one or twice daily, whole day to take care the patient, assist him/her in daily activities; preparing meals etc)  
受保人由誰照顧及為期多久？請述有關安排（如每日一次或兩次探訪病人，全日照顧病人，以協助病人的日常活動情況；只協助膳食等）。
14. Any further details of other health related issue that can help with our assessment? Please provide details.  
是否有任何病人健康相關的其他詳情可協助我們是次評估？請提供詳情。

Docotro name 醫生姓名	Qualification 資歷
_____	_____
Hospital name (if any) 醫院名稱(如適用)	Phone no. 聯絡電話
_____	_____
Address 地址	
_____	
Hospital / Doctor signarue and chop 醫院/醫生簽署及蓋印	Date ( DD/MM/YY) 日期 (日/月/年)
_____	_____