Crisis Cover / Intensive Care Bene it Claim Form
危疾理賠 / 深切治療保障申請書

Policy Number 保單號碼： _____

Applicable to the specific insurance plans/product with Intensive Care Benefit Only (e.g. PRUHealth Critical Illness Extended Care III, PRUHealth Critical Illness First Protect II) 只適用於指定附有深切治療保障之保障計劃（如「危疾加護保 III」,「危疾首護保II 」）

Intensive Care Benefit
Life Assured admitted to Intensive Care Unit (ICU) for 3 or more consecutive days due to accident or illness

深切治療保障
受保人因意外或疾病入住深切治療病房 (ICU) 連續三日或以上

Part II – Medical Certification (to be completed by the Attending Physician, duly qualified and registered, at the claimant's expense)
第二部分 — 醫療報告（由索償人自費聘請主診註冊西醫填寫）

Patient Details 病人資料

1. Name of Patient 病人姓名		2. Identity Document Number 身份證明文件號碼	
3. Age 年齡		4. Sex 性別	
5. Present smoking / drinking status 現在的吸煙/飲酒習慣	☐ Never 從無 ☐ Not quitted 未停止 ☐ Quitted, since 已於右述日期起停止 _____/_____/_____ Day日 Month月 Year年		
6. Are you the patient's usual physician? 你是否病人慣常求診之醫生?	☐ No 否 ☐ Yes, medical records traceable to 是，醫療紀錄可追溯至 _____/_____/_____ Day日 Month月 Year年		

Hospitalization Details 住院詳情

7. Date of Admission 入院日期	_____/_____/_____ Day日 Month月 Year年	8. Date of Discharge 出院日期	_____/_____/_____ Day日 Month月 Year年
9. Name of Hospital 醫院名稱			
10a. Had the patient confined in Intensive Care Unit? 病人有否入住深切治療部？	☐ No 沒有 ☐ Yes 有		
10b. Please provide the treatment details during the ICU stay 請提供入住深切治療病房期間的治療詳情	Was the ICU stay for 3 or more consecutive days? 是否連續三日或以上入住深切治療部？ ☐ No 沒有 ☐ Yes, please provide the period of ICU stay 是，請提供入住深切治療病房時段 From 由: _____/_____/_____ Day日 Month月 Year年; ☐ AM 上午/ ☐ PM 下午 _____:_____ Time 時間 To 至: _____/_____/_____ Day日 Month月 Year年; ☐ AM 上午/ ☐ PM 下午 _____:_____ Time 時間		
11. Any home leave taken by the patient during the said hospitalization period? 病人在上述住院期間有否請假離院？	☐ No 沒有 ☐ Yes, please provide information on the right 有，請提供右方所需資料	Date and Time 日期及時間	From 由: _____/_____/_____ Day日 Month月 Year年; ☐ AM 上午/ ☐ PM 下午 _____:_____ Time 時間 To 至: _____/_____/_____ Day日 Month月 Year年; ☐ AM 上午/ ☐ PM 下午 _____:_____ Time 時間
		Reason 原因	

Consultation Details 診治資料

12. Date on which the patient **FIRST** consulted you for this illness or injury 有關是次病症或受傷，病人**首次**向閣下求診的日期	_____/_____/_____ Day日 Month月 Year年

Consultation Details (Continued) 診治資料（續）

13a. Date of First consultation for illness or injury leading to ICU admission
有關是次病症或受傷而導致入住深切治療部首次求診日期

_____ / _____ / _____
Day日 Month月 Year年

13b. Sign and symptoms complained of at the **FIRST** consultation
首次求診時出現的徵狀

13c. Cause of Consultation
求診原因

☐ Accident 意外

Date of accident 意外日期

_____ / _____ / _____
Day日 Month月 Year年

Time of Accident 意外時間

☐ AM 上午 /
☐ PM 下午
_____ : _____
Time 時間

☐ Illness 病症

How long had the patient been experiencing these sign and symptoms BEFORE the first consultation?
首次求診前其徵狀已存在多久？

_____ Day(s)日 _____ Month(s)月 _____ Year(s)年

Or since或
自 _____ / _____ / _____
Day日 Month月 Year年

14. For this episode, had the patient previously seen other physician(s) for these symptoms?
就此次病症而言，病人之前有否就有關之病況向其他醫生求診？

☐ No 沒有
☐ Yes, please provide information on the right 有，請提供右方所需資料

☐ 是否由其他醫院的醫生/專科醫生轉介，請提供右方轉介醫生資料

Name of Physician 醫生名稱	
Address of Physician 醫生地址	
Date 日期	_____ / _____ / _____ Day日 Month月 Year年
Please provide the resason for referral to ICU 請提供轉介ICU的主要原因	

15. Please state the recommended diagnostic tests and the reason for the tests during this hospitalization.
請註明是次住院所建議的診斷性檢查之名稱及原因

16. Can this type of treatment / test be managed on daycare or out-patient basis?
此次病症之治療/檢查是否可於日間中心或門診內進行?

☐ No 否
☐ Yes 是

Please provide information on the right
請提供右方所需資料

Please provide reason
請提供原因

Final Diagnosis Details 最後診斷之資料

	17. Final Diagnosis 最後診斷	18. ICD 9 Code 國際疾病分類編碼 (ICD-9)
a)		
b)		
c)		

19. What is / are the underlying cause(s) for final diagnosis?
引起上述最後診斷的病因

20. Was surgery performed?
有否進行手術？

☐ No 否
☐ Yes, please provide information on the right 有，請提供右方所需資料

Surgery Date 手術日期	_____ / _____ / _____ Day日 Month月 Year年
Surgery Name 手術名稱	
Surgeon Name 外科醫生名稱	

Final Diagnosis Details (Continued) 最後診斷之資料（續）

21. Summary of medical treatment given and tests performed with results.
總結有關治療及檢驗結果

Remarks: Please attach copies of histopathology / endoscopic / diagnostic / laboratory test report / operation summary, etc..
註：請連同病理檢驗/內窺鏡/診斷性化驗/檢驗報告/手術撮要等副本一併交回。

22. To the best of your knowledge, was the patient admitted to Intensive Care Unit (ICU) directly or indirectly due to or aggravated by the following:
根據閣下所知，病人是否因以下之原因，直接或間接由下列原因而入住深切治療部：

☐ No 否 ☐ Yes, please tick where it is appropriate and give details 是，請在適當的位置劃上剔號及提供詳情

☐ Pregnancy / surrogacy, childbirth /termination of pregnancy 妊娠、代母身份、分娩或終止妊娠
☐ War, hostilities, rebellion, riot 戰爭、戰鬥、叛亂、暴動
☐ Criminal offence / attempted suicide/ self -inflicted injuries 參與任何刑事罪行或企圖自殺或蓄意自殘
☐ Cosmetic treatment not necessitated by injury caused by accident 除因意外受傷而必須進行的整容治療
☐ Dental treatment/ surgery 牙科治療或外科手術
☐ Scuba diving or engaging in or taking part in any kind of race other than on foot/ mountaineering 進行水肺潛水，或參加任何非徒步進行的比賽
☐ Congenital / inherited condition 先天/遺傳性情況
☐ Corrective aids or treatment of refractive errors 視力矯正
☐ Rehabilitation / convalescence 康復/療養
☐ Others, please specify details: 如有其他，請說明詳情：

☐ Mental disorder/ psychological or psychiatric conditions / behavioural problems/ personality disorder 精神紊亂、心理或精神疾病、行為問題或人格障礙
☐ Confinement primarily for physiotherapy or for the investigation of signs and/or symptoms with diagnostic imaging, laboratory investigation or other diagnostic procedures 任何只為物理治療或就檢查徵狀及/或病徵而進行之診斷影像、化驗室檢查或其他診斷程序的住院
☐ experimental and/or unconventional medical technology / procedure/ novel drugs / medicines 接受的醫療實驗及/或非主流醫療技術/程序/治療
☐ Treatment for obesity / morbid obesity/ weight control programmes/ bariatric surgery 治療過度肥胖、控制體重計劃或減肥外科手術
☐ Donor of all kinds of transplantations such as organs/ bone marrow transplantations 作為捐贈者的移植（例如器官或骨髓移植）
☐ Treatment of sexually transmitted disease or sexual problems, gender issues or sex changes or gender re-assignments 由性接觸傳染的疾病或性問題，性別有關的問題或變性或性別重新分配
☐ Alcohol / narcotics / drug abuse 飲用酒精飲料/毒品/濫用藥物
☐ Body check / vaccination & immunization injections 一般身體檢查/防疫注射

23. Did you refer the patient to another physician or hospital? 你有否轉介病人予其他醫生或醫院？	☐ No 否 ☐ Yes, please provide information on the right 有，請提供右方所需資料	Name of the physician / hospital 醫生/醫院名稱	
		Address of the physician / hospital 醫生/醫院地址	
		Details for the referral reason 詳述轉介原因	

24. The prognosis of the condition 預計痊癒後的情況	☐ Good 良好 ☐ Fair 一般 ☐ Poor 甚差	25. Any possibility of having a relapse? 有否復發的可能?	☐ Yes 有 ☐ No 沒有

Medical History Details 病史詳情

26. Other than this episode, has the patient ever been treated for the **same / related conditions**?
除了此次病症，病人曾否患有**同類/相關**病況而接受治療？

☐ No 否 ☐ Yes, please provide below information 有，請提供下列所需資料

Consultation Date (Day/Month/Year) 就診日期（日/月/年）	Name of Physician / Hospital 醫生/醫院名稱	Diagnosis 診斷	Details of Treatment(s) / Hospitalization 診治/住院詳情

Medical History Details (Continued) 病史詳情（續）		
27. a) Did the patient have the following **PAST** medical history / habit? 病人**過往**有否以下之病史/習慣？		
☐ No 否	☐ Yes, please tick where it is appropriate and give below details 是，請在適當的位置劃上剔號及提供以下詳情	
☐ Asthma 哮喘	☐ Cardiac problem 心臟病	☐ Diabetes mellitus 糖尿病
☐ Hepatitis B 乙型肝炎	☐ Hypertension 高血壓	☐ Unfavorable family history 家族病史
☐ Previous operation 曾接受手術	☐ Drug addiction 濫用藥物	☐ Drinking habit 飲酒習慣
☐ Smoking 吸煙習慣	☐ Family history of cancer 家族性癌症	☐ Others, please specify details: 其他，請説明詳情：

b) Please give the name and address of the physician / hospital by whom was the above **PAST** medical history FIRST detected 請詳述首次診斷出上述**過往**病史之醫生/醫院名稱及地址	
c) Please provide FIRST diagnosis date and treatment details of the above **PAST** medical history. 請提供上述**過往**病史之首次診斷日期及治療詳情。	
d) Current prognosis of the above past medical history 上述病史癒後的情況	☐ Fully Recovered 完全康復 ☐ On treatment 治療中

Physician Details 醫生資料			
Name of Attending Physician 主診醫生姓名		Qualification 資歷	
Hospital Name (if applicable) 醫院名稱（如適用）		Telephone No. 聯絡電話	
Address 地址			
Signature & Hospital / Physician's Chop 醫院 / 醫生簽署及蓋印		Date 日期	_____/_____/_____ Day日 Month月 Year年