**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 :

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**Aplastic Anaemia**
Bone marrow failure which results in anaemia, neutropenia and thrombocytopenia requiring treatment with at least one of the following:
☐ blood product transfusion
☐ marrow stimulating agents
☐ immunosuppressive agents
☐ bone marrow transplantation.

**障礙性貧血**
骨髓機能衰竭引致貧血、中性白血球減少或血小板減少，令受保人需進行
下列最少1項的治療：
☐ 輸入血液產品
☐ 骨髓刺激劑
☐ 免疫抑制劑
☐ 骨髓移植

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| Name of Patient 病人姓名 | ID / Passport No. 身份證 / 護照號碼 | Age & Sex 年齡及性別 |
|---|---|---|
| | | |

1. Are you the patient's usual physician? 你是否病人慣常求診的醫生?

   ❒ Yes, medical records date back to 是，醫療紀錄可溯至 |_____|_____|_____| (DD/MM/YY) 日/月/年                    ❒ No 不是

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?

   |_____|_____|_____| (DD/MM/YY) 日/月/年     Symptoms presented were: 病徵包括 : _____

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?

   Since |_____|_____|_____| (DD/MM/YY)   OR   for _____day(s)_____ month(s) _____year(s)
   從                         日/月/年            或 已存在       日          月          年

4. (a) Clinical diagnosis 臨床診斷


   (b) When was it made? 何時確實這診斷? |_____|_____|_____| (DD/MM/YY) 日/月/年

   (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)

   (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?

5. (a) **Final diagnosis 最後診斷**


   (b) Date of final diagnosis: 最後診斷日期 |_____|_____|_____| (DD/MM/YY) 日/月/年

   (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)：

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




7. Was the patient **referred to** you from other physician(s)? 病人是否由其他醫生**轉介**?

   ❒ Yes, |_____|_____|_____| (DD/MM/YY) By (name & address of physician): _____          ❒ No不是
   是，                    日/月/年    由 (醫生姓名及地址)：

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?

   ❒ Yes, please provide details : 有，請詳述 : _____          ❒ No 沒有

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9. Has the patient ever been treated for the **same/related conditions**? 病人有否曾經接受**相同/相關**的病症治療？

    ❏ Yes, please provide details : 有，請詳述 :                                  ❏ No 沒有

| Consultation Dates (DD/MM/YY) 就診日期　日/月/年 | 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 |
|---|---|---|---|
| | | | |

10. Does the patient smoke cigarette? 病人是否有吸煙習慣?

    ❏ Yes, has been smoking since 有，由|_____|_____|_____| (DD/MM/YY)日/月/年開始吸煙          ❏ No 沒有

    ❏ 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

11. 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

| Consultation Dates (DD/MM/YY) 就診日期　日/月/年 | 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 |
|---|---|---|---|
| | | | |

12. Please describe the severity of the patient's bone marrow failure **and** advise if it resulted in anaemia, neutropenia and thrombocytopenia of this patient?
請詳述病人骨髓機能衰竭的嚴重程度**及**有否引致貧血、中性白血球減少或血小板減少。

13. What was the underlying cause(s) leading to aplastic anaemia of this patient? Please advise the cause(s) in details.
什麼原因引致病人的障礙性貧血? 請詳述原因。

14. What is/are the reading of the followings: 請提供下列各項的讀數:

    (i)     Haemoglobin levels
            血色素               _____
    (ii)    Red blood cell counts
            紅血球細胞指數      _____
    (iii)   White blood cell counts
            白血球細胞指數      _____
    (iv)   Platelet counts
            血小板                _____

    (b) Please provide a copy of the diagnostic test results for our reference, if any. 請提供有關診斷檢驗報告副本。

15. Which of the following treatments is/are provided to the patient? Please describe the extent of the treatment given.
病人是否需要接受以下治療? 請述治療詳情。

    (a)    Blood product transfusion
           輸入血液產品        _____
    (b)    Marrow stimulating agents
           骨髓刺激劑          _____
    (c)    Imunosuppressive agents
           免疫抑制劑          _____
    (d)    Bone marrow transplantation
           骨髓移植            _____

16. 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)

| Test Date (DD/MM/YY) 檢驗日期(日/月/年) | Test Item 檢驗項目 | Result / Diagnosis 結果/診斷 |
|---|---|---|
| | | |

17. Other additional information for the current diagnosis 其他有關此診斷結果之額外資料

Name of Physician _____    Qualification _____
醫生姓名                                     資歷
Hospital Name (if applicable) _____    Telephone No. _____
醫院名稱(如適用)                                聯絡電話
Address _____
地址
Signature & Hospital/ Physician's Chop _____    Date (DD/MM/YY) _____
醫院/ 醫生簽署及蓋印                                日期 (日/月/年)

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