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 :

Coronary Artery Disease Requiring Surgery
The undergoing of heart surgery to correct narrowing or blockage of one or more coronary arteries with bypass grafts in persons with limiting anginal symptoms, but excluding non-surgical techniques such as balloon angioplasty or laser relief of an obstruction.

需要進行外科手術的冠狀動脈病
對出現限制性心絞痛徵狀人士進行心臟外科手術，透過搭橋移植術以矯正一條或多條冠狀動脈的收窄或栓塞，但不包括非外科手術技術，例如氣囊血管成形術或以激光舒緩冠狀動脈栓塞情況。

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. 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) :

7. 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

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

cccfa40101

9. 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

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

Consultation Date (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

11. What tests were performed to confirm the diagnosis? (Please advise the details and provide a copy of all test reports including treadmill stress test & echocardiogram and any other relevant hospital reports that are available.)
有什麼檢驗結果讓閣下能確定此診斷? (請提供詳情及有關的檢驗報告包括運動心電圖及心電圖以及其他醫療報告副本)

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

12. Please describe the severity of the patient's Coronary Artery Disease with respect to the following areas: 請就下列問題詳述病人冠狀動脈病之情況:

  (a) Which coronary arteries are narrowed or blocked? 那條冠狀動脈出現收窄或栓塞的情況?

  (b) How many arteries are affected? 總共涉及多少條冠狀動脈?

  (c) What is the percentage of narrowing and/or blockage of the respective luminal diameters of the involved arteries?
      所涉及的冠狀動脈之管腔直徑出現收窄或栓塞的情況佔幾多百分比?

  (d) What type of heart surgery has been performed? 進行了那項心臟外科手術

Surgery Date 手術名稱	Date (DD/MM/YY)日期(日/月/ 年)	Result 結果

  (e) If coronary bypass grafting was performed, please state the numbers and sites of the grafts.
      若已進行搭橋移植術, 請列出數量及搭橋位置

13. Has the patient previously suffered from conditions like chest pain, hypertension, angina, other cardiovascular disease or other major illness/disorders that was/ were related to his/her current sufferings? 病人過往有否出現胸痛、高血壓、心絞痛、其他心臟血管疾病或其他與現時情況有關的嚴重疾病?

❏ 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

14. Please list the type(s) of treatments and medications that you have prescribed to the patient for his/her Coronary Artery Disease.
請詳列閣下就冠狀動脈病處方或給予病人的所以藥物及其他治療

15. When did you last see the patient? What was his/her condition at that time?
閣下最後一次診治病人的日期? 當時病人的身體狀況如何?

|_____|_____|_____| (DD/MM/YY) (日/月/年); Condition身體狀況 :

16. 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)

cccfa40102