

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 :

Major Organ Transplantation The actual undergoing as a recipient of a transplant of a heart, lung, liver, pancreas, kidney or bone marrow. 主要器官移植 受保人作為受贈者接受心臟、肺、肝臟、胰臟、腎臟或骨髓移植手術。													
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? <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													
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? <input type="checkbox"/> Yes, _____ (DD/MM/YY) By (name & address of physician): _____ 是, _____ 日/月/年 由 (醫生姓名及地址): _____ <input type="checkbox"/> No 不是													
8. 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? <input type="checkbox"/> Yes, please provide details: 有, 請詳述: <input type="checkbox"/> No 沒有 <table border="0"> <tr> <td><u>Consultation Dates</u> (DD/MM/YY)</td> <td><u>Physician / Hospital</u></td> <td><u>Diagnosis</u></td> <td><u>Treatment and Investigation Results / Hospitalization</u></td> </tr> <tr> <td>就診日期 日/月/年</td> <td>醫生/ 醫院全名</td> <td>診斷</td> <td>任何醫療診治及檢查結果 / 住院詳情</td> </tr> </table>						<u>Consultation Dates</u> (DD/MM/YY)	<u>Physician / Hospital</u>	<u>Diagnosis</u>	<u>Treatment and Investigation Results / Hospitalization</u>	就診日期 日/月/年	醫生/ 醫院全名	診斷	任何醫療診治及檢查結果 / 住院詳情
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9.	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?	<input type="checkbox"/> No 沒有								
	<input type="checkbox"/> Yes, please provide details : 有, 請詳述 : _____									
10.	Does the patient smoke cigarette? 病人是否有吸煙習慣?	<input type="checkbox"/> No 沒有								
	<input type="checkbox"/> Yes, has been smoking since 有, 由 _____ (DD/MM/YY) 日/月/年開始吸煙									
	<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									
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									
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12.	(a) Please comment on the condition preceding the transplantation surgery of the patient. 請描述病人在移植手術前的狀況									
	(b) What is/are the underlying cause(s) leading to this patient's organ transplantation? 什麼原因引致病人需要接受此器官移植?									
	(c) Please describe history of end stage heart/lungs/liver/pancreas/kidney/bone marrow disease of the patient. 請描述病人之末期心臟/肺/肝臟/腎臟/骨髓病的病史									
13.	(a) What type of transplant surgery has been performed to the patient? Please specify the exact location and the organ(s) 病人已進行那一項移植手術? 請提供該手術涉及的器官及位置。									
	(b) The transplantation surgery was performed on _____ (DD/MM/YY), at _____ (hospital/ place) 移植手術已於 _____ (日/月/年) 在 _____ (醫院/地點) 進行									
14.	Please provide details if patient has any of the following health history 病人有否以下病史	<input type="checkbox"/> No 沒有								
	<input type="checkbox"/> Yes, details are : 有, 詳情 :									
	(a) Sickling disorders 鎌狀細胞紊亂									
	(b) Thalassaemia 地中海貧血									
	(c) Other haemoglobinopathy 其他血紅素病									
	(d) Hepatitis B 乙型肝炎									
	(e) Cirrhosis 硬化									
15.	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)									
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16.	Is the disease diagnosed to be directly or indirectly caused by or result from 診斷病症是否直接或間接由下列引起或導致									
	<input type="checkbox"/> self-inflicted injuries while sane or insane 在神志正常或失常的情況下蓄意自殘									
	<input type="checkbox"/> Wilful misuse of any alcohol, narcotic or drug 酗酒, 濫用藥物或毒品									
	Please give details if any of the above item(s) is/are applicable. 如上述適用者, 請提供詳情									
17.	What is the prognosis of the patient after the organ transplant? 病人於器官移植後的進展及狀況									
18.	Other additional information for the current diagnosis 其他有關此診斷結果之額外資料									
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