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 :

Medullary Cystic Disease
Diagnosis of medullary cystic disease by a specialist physician and evidenced by end stage renal disease with the Life Assured undergoing regular peritoneal dialysis or haemodialysis.

腎髓質囊腫病
由內科專科醫生診斷為腎髓質囊腫病，並證實已出現末期腎病，而受保人需要定期進行腹膜透析或血液透析。

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. 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

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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?

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

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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

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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 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

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12 Has the pateint's renal disease reached end stage? Please enclose copies of the laboratory report(s).
   病人的腎病是否已到達末期? 請提供有關檢驗報告.

   ❏ Yes, please provide details.:   ❏ No 不是
      是，請詳述

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14. Is the patient currently undergoing **regular** peritoneal dialysis or haemodialysis
    病人是否需要**定期**進行腹膜透析或血液透析?

    ❏ Yes, starting from _____ (DD/MM/YY) for   ❏ peritoneal dialysis   ❏ haemodialysis   ❏ No 不是
       是，   由 _____ (日/ 月 /年) 開始進行   腹膜透析   血液透析

    The frequency is _____ at _____ (place)
    頻率爲 _____ ，於 _____ (地點) 進行

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15. Has renal transplantation been planned? If so, what is the approximate date?
    病人有否計劃進行腎臟移植? 如有的話，預計將於何時進行?

    ❏ Yes 有   ❏ No 沒有

    The transplantation will be taken place around _____ (DD/MM/YY) performed at _____ (place)
       有，移植手術大約於 _____ (日/ 月 /年) 在 _____ (醫院/地點) 進行

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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

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17. What is / are the underlying casue leading to medullary cystic disease of this patient? 什麼原因引致病人的腎髓質囊腫病?

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18. What is the prognosis of the patient? 病人現時進展及狀況

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19. 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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