Policy No.	(1) 明显定	
POLICY NO.	保用號艦	

Part II Medical Certificate (to be completed by the Attending Physician, 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:

(1) Early Stage Dementia including Early Stage Alzheimer's Disease

Diagnosis of dementia based on neurological assessment by a Registered Specialist who who is a Registered Specialist Geriatrician, Registered Specialist Neurologist or Registered Specialist Psychiatrist confirming cognitive impairment characterised by a Mini Mental State Examination score of 19 or less out of 30, or equivalent score on another medically validated and accepted test of cognitive function. In order to satisfy the definition, two confirmatory neuropsychometric tests performed at least six months apart are required, and both of the assessments should be based on the same neuropsychometric test and meet the required level of severity. The Life Assured must have been placed on disease modifying treatment prescribed by the Registered Specialist and must be under the continuous care of the Registered Specialist.

早期腦退化症(包括早期阿耳滋海默氏症)

經註冊專科醫生(必須為老年病專科醫生、腦神經科專科醫生或精神科專科醫生)透過神經系統評估診斷為腦退化症,確認有認知功能障礙,即30分為滿分的簡短智能測只有19分或以下,或其他醫學上驗證及接受的認知功能測試達相同評級。為符合本定義,兩次神經精神學測試必須相隔最少6個月進行,而且兩次必須為相同的神經精神學測試及符合所需嚴重程度。受保人必須已經由該註冊專科醫生處方接受改善病情治療,並且必須一直由該註冊專科醫生護理。

(2) Alzheimer's Disease / Irreversible Organic Degenerative Brain Disorders (Dementia)

Progressive deterioration or loss of intellectual capacity or abnormal behaviour as evidenced by the clinical state and accepted standardised questionnaires or tests arising from Alzheimer's Disease or irreversible organic degenerative disorders resulting in significant reduction in mental and social functioning requiring the continuous supervision of the Life Assured. The diagnosis must be confirmed by a Registered SpecialistGeriatrician, Registered Specialist Neurologist or Registered Specialist Psychiatrist.

Alzheimer's disease or other dementia caused by psychiatric illness, any drug or alcohol use or any reversible organic brain disorder is excluded.

阿耳滋海默氏症/不可還原之器質性腦退化疾病(腦退化症)

根據臨床狀態及認可的標準問卷或測試證實因患上阿耳滋海默氏症(腦退化性疾病)引起的智力漸進式衰退、喪失或行為異常,或不可復原的機能退化失調而導致精神及社交功能明顯減退,使受保人需要持續接受照料。必須由註冊老年病專科醫生,註冊腦神經科專科醫生或註冊精神科專科醫生證實。

精神病、任何藥物或酒精引起的阿耳滋海默氏症/不可還原之器質性腦退化疾病及可還原的器質性腦疾病概不受保。

(3) Severe Dementia (*for Annuity Benefit):

"Severe Dementia" means Alzheimer's Disease / Irreversible Organic Degenerative Brain Disorders (Dementia) characterised by a Mini Mental State Examination score of 10 or less out of 30, or equivalent score on another medically validated and accepted test of cognitive function.

嚴重腦退化症 (*終身年金)

「嚴重腦退化症」是指阿耳滋海默氏症/不可還原之器質腦退化性疾病(腦退化症),並須在30分為滿分的簡短智能測驗(MMSE)中取得 10分或以下或在另一項經醫學驗證和認可的認知功能測試中取得同等分數。

Name of Patient 病人姓名		ID / Passport No. 身份證 / 護照號碼		Age &	Age & Sex 年齡及性別	
1.	Are you the patient's usual physician? 你是否病人情	貫常求診的醫生?				
	□ Yes. Medical records dated back to 是,醫療紀錄	可溯至	(DD/MM/	YY) (日/月/年)	□ No 不是	
2.	2. When were you first consulted for his/her illness(es)? 病人首次因此疾病向閣下求診的日期是那日?					
	(DD/MM/YY) (日/月/年)	Presenting signs & symp	toms were 病徵	包括:		
3.	According to the patient, how long had he/she bee 根據病人所提供的資料,病人在首次求診前,已經歷		toms before the	first consultation	on?	
	Since (DD/MM/YY) 從 (日/月/年)	OR For 或 已存在	day(s) ⊟	_ month(s)	year(s) 年	
4.	(a) Clinical diagnosis 臨床診斷					
	(b) When was it made? 何時確診這診斷?	(DD/MM/	Y) (日/月/年)			
	(c) When was the patient informed of the clinical di	agnosis? 病人何時被醫生台	与知其所患的臨床	宗病症及診斷?		
	(DD/MM/YY) (日/月/年) by (name & address of physician) 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 最終診斷日期 (DD/MM/YY) (日/月/年)					
	(c) Date the patient was informed of the diagnosis 病人被告知最後診斷的日期為					
	(DD/MM	(DD/MM/YY) (日/月/年) By (name & address of physician) 由(醫生姓名及地址):				
6.	Please provide full details of the diagr	nosis and its clinical bas	is. 請提供所有診斷	新及臨床診斷的詳情		
7	Was the nationt referred to you from a	ther physician(a)2 序 [目不出せ/仏殿仏練	△2		
7.	Was the patient refered to you from other physician(s)? 病人是否由其他醫生轉介? ☐ Yes, 是 (DD/MM/YY) (日/月/年) ☐ No 不是					
	By (name & address of physician)					
	by (name a address of physicial) H	(G				
8.	Has the patient ever been treated for	the same/related condit	ions?			
	☐ Yes, please provide details : 有,訂	青詳述:	□ No 沒有			
	Consultation Date (DD/MM/YY) Hospitalization	Physician/ Hospital	<u>Diagn</u>	osis Trea	atment and Investigation Results/	
	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	
	All medical consultants, physicians (geress	neral physicians or spec	cialists) and hospi	tals to which your patient has be	en referred to or attended for this	
"""	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	院名稱		
	Consultation Date (DD/MM/YY) Hospitalization	Physician/ Hospital	<u>Diagno</u>	osis <u>Trea</u>	atment and Investigation Results/	
	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	
	. What assessment tests were performe ease provide a copy of all test reports)	ed to confirm the patient	's diagnosis of Ala	zheimer's Disease or irreversible	organic degenerative disorders?	
(F)	已進行什麼評估測試確定病人診斷為阿]爾茲海默氏症或不可復	原的機能退化失調	? (請提供檢驗報告及醫療報告副	本)	
	Mini Mental State Examination(MMSE):	《簡易智慧量表(MMSE)	>			
	Assessment Test Date (DD/MM/YY)	(MMSE)	Assessment Scor	e		
	評估測試日期 日/月/年	《簡易智慧	慧量表》評估分數			
	Other medically validated and accepted Name of Assessment Test / questionna			aire: questionnaire Date (DD/MM/YY)	Result / Score	
	評估測試/問卷名稱		估測試/問卷日期		測試結果/分數	
□ Have not performed any assessment test / questionnaire 沒有進行任何評估測試/問卷						
11					t's Alzheimer's Disease or irreversible organic	
					ttient's Alzheimer's Disease or dementia)	
	有什麼臨床的證據、問卷及/或測試以 (請提供有關確定病人之阿爾茲海默氏系			炎 能		
	Test / Questionnaire <u>Date (DD/MM/YY</u> 檢驗/問卷日期 (日/月/年)	<u>Test Item / Que</u> 檢驗項目/ 問卷	stionnaire_	Result / <u>Diagnosis</u> 結果/ 診斷		
	做数问仓口期 (口/月/平)			紀末/ 影幽		
12. Please describe the severity of the condition and specify impact(s) on the patient's daily activities with respect of the following areas.						
請詳述病人以下狀態的程度及對其日常活動的影響。						
	(a) Loss of intellectual capacity 智力衰退 (b) Reduction in mental and social functioning 精神及社交功能減退 (c) Need for each inverse supervision 技术技術的概念					
	(c) Need for continuous supervision 接受持續照料的需要					
Ì						

13.	Does the patient require continuous supervision?			
	病人是否需要持續接受照料?			
	☐ Yes, please advise what kinds of continuous supervision were provided and the details.			
	是,請詳述病人需要那一類型的照料。			
	□ No, please advise why no continuous supervisions required 不是,請詳述病人為何不需要持續接受照料?			
14.	I. Is the patient 's Alzheimer's Disease or dementia related to and / or caused by neurosis, psychiatric illness? 病人的阿爾茲海默氏症或癡呆是否興神話官能布或精神病有關或由神經官能有或精神病導致?			
	□ Yes, please provide details of the aforesaid condition with (a) first consultation date, and (b) name and address of the medical attendant(s): 是,請詳述以上情況,包括(a)初次求診日期及(b) 醫生姓名及地址			
	□ No 否			
15.	What tests were performed to confirm the diagnosis and progress of the dise that are available)	ase.? (Please enclose copies of all laboratory reports and relevant medical reports		
	有什麼檢驗結果讓閣下能確定此診斷及進展? (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 Test Item 檢驗項目	Result / Histopathological Diagnosis 結果/ 診斷		
16.	What is the prognosis Of the patient?			
17.	Other additional information for the current diagnosis 其他有關此診斷結果之	額外資料		
	ne of Attending Physician 醫生姓名	Qualification 專業資格		
	pital Name (if applicable) 名稱(如適用)	Telephone No 電話號碼		
Add 地址	ress:			
Sigr 醫院	nature & Hospital/ Physician's Chop	Date (DD/MM/YY) 日期 (日/月/年)		