CRISIS COVER CLAIM FORM 危疾理賠申請書 **Policy No. 保單號碼**_____

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:

Coronary Angioplasty (Definition Before 2013)
First treatment for narrowing or obstruction in one or more coronary arteries, by a balloon angioplasty, Percutaneous Transluminal Coronary Angioplasty (PTCA) or similar intra arterial catheter procedure. The angioplasty must be considered medically necessary by a consultant cardiologist, and there must be angiographic evidence of significant coronary artery disease.

冠狀動脈血管成形術 (二零一三年前的定義)
首次就一條或多條冠狀動脈的收窄或阻塞，以氣囊血管成形術、經皮穿腔性冠狀動脈血管成形術 (PTCA) 或相類似動脈內導管操作法進行治療。有關血管成形術必須獲心臟科專科醫生認為有醫療上的需要，並有血管造影的證明有明顯的冠狀動脈病。

Coronary Angioplasty (Definition from 2013 onwards)
Treatment for narrowing or obstruction in one or more coronary arteries, by a balloon angioplasty, Percutaneous Transluminal Coronary Angioplasty (PTCA), atherectomy or similar intra arterial catheter procedure. The angioplasty must be considered to be Medically Necessary by a Registered Specialist Cardiologist, and there must be angiographic evidence of at least 50% stenosis in the affected coronary artery.

冠狀動脈血管成形術 (二零一三年起的定義)
就一條或多條冠狀動脈的收窄或阻塞，以氣囊血管成形術、經皮穿腔性冠狀動脈血管成形術 (PTCA)、冠狀動脈粥樣硬塊切除術或相類似動脈內導管操作法進行治療。有關血管成形術必須獲註冊心臟科專科醫生認為屬醫療需要，並有血管造影的證明有冠狀動脈病，其狹窄程度最少為50%。

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 dated 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 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 & symptoms 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) (日/月/年) OR 或 For _____day(s)_____ month(s) _____year(s) 已存在 日 月 年

4. (a) Clinical diagnosis 臨床診斷

   (b) When was it made? 何時確診這診斷? |_____|_____|_____| (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) (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/YY) (日/月/年) By (name & address of physician) 由(醫生姓名及地址): _____

6. Please provide full details of the diagnosis and its clnical basis. 請提供所有診斷及臨床診斷的詳情

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) 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 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

9. Is there any patient's family history which would increase the risk of the 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

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

❒ Ex-smoker, started on 前吸煙者，開始於 |_____|_____|_____| (DD/MM/YY) (日/月/年),

ceased on 於|_____|_____|_____| (DD/MM/YY) (日/月/年)停止

11. All consultations, 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

12. Has the patient been treated before for the similar condition of narrowing or obstruction of one or more coronary arteries?
病人有否曾經因為一條或多條動脈的收窄或阻塞而接受治療?

❒ Yes, please provide full details 有，請詳述

❒ No 沒有

13. Is it the patient the FIRST time to receive coronary angioplasty to manage the disorder of coronary arteries?
病人是否首次就冠狀動脈疾病進行血管成形術?

❒ Yes, please advise which arteries are involved, the degree of narrowing/obstruction in respect of each involved artery

是，請詳述所涉及的動脈及其收窄或阻塞的程度

❒ No, please provide details regarding previous coronary angioplasty

否，請提供有關過往所進行的血管成形術的資料

14. 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	Diagnosis/ Result 診斷/ 結果

15. Has the patient ever had history of stroke in the PAST and/ or any history of related illness, heart problem, hypertension, diabetes mellitus, high blood cholesterol or obesity？病人過往是否有中風及/ 或相關的病症、心臟疾病、高血壓、糖尿病、高膽固醇或肥胖的病史？

□Yes, please provide full details:有，請詳述

□No沒有

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

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

Name of Attending Physician _____
主診醫生姓名

Qualification _____
專業資格

Hospital Name (if applicable) _____
醫院名稱(如適用)

Telephone No. _____
電話號碼

Address_____
地址

Signature & Hospital/ Physician's Chop _____
醫院/ 醫生簽署及蓋印

Date (DD/MM/YY) _____日期 (日/月/年)