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 :

Severe Rheumatoid Arthritis
Widespread joint destruction with major clinical deformity of 3 or more of the following joint areas: hands, wrists, elbows, spine, knees, ankles, feet. The diagnosis must be supported by all of the following:
- ☐ Morning stiffness
- ☐ Symmetric arthritis
- ☐ Presence of rheumatoid nodules
- ☐ Elevated titres of rheumatoid factors
- ☐ Radiographic evidence of severe involvement

The diagnosis must be confirmed by a Consultant Rheumatologist.

嚴重類風濕關節炎
廣泛之關節破壞並有嚴重的臨床變形，影響下列最少3個主要關節：手、手腕、手肘、脊椎、膝、足踝、足。診斷須經下列各項證實：
- ☐ 清晨僵硬
- ☐ 對稱性關節炎
- ☐ 類風濕性小結顯露
- ☐ 類風濕因子滴定度上升
- ☐ 放射照相證實病情嚴重

診斷必須經由風濕病學專家證實。

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, 是， |_____|_____|_____| (DD/MM/YY) By (name & address of physician): _____ ☐ No 不是
   日/月/年 由 (醫生姓名及地址)：

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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

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

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

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

12. Did the patient possess any of the followings? Please provide the specific reports of the elevated titres & the radiographic evidence.
病人有否出現以下情況? 如有， 請附上顯示滴定度上升及放射學證據的有關報告

(a) Morning stiffness 清晨僵硬 ☐ Yes, details : 有，請詳述_____ ☐ No 沒有
(b) Symmetric arthritis 對稱性關節炎 ☐ Yes, details : 有，請詳述_____ ☐ No 沒有
(c) Presence of rheumatoid nodules 類風濕性小結顯露 ☐ Yes, details : 有，請詳述_____ ☐ No 沒有
(d) Elevated titers of rheumatoid factors 類風濕因子滴定度上升 ☐ Yes, details : 有，請詳述_____ ☐ No 沒有
(e) Radiographic evidence of severe involvement 放射學證實病情嚴重 ☐ Yes, details : 有，請詳述_____ ☐ No 沒有

13. Are the patient has clinical deformity of the following joint areas? If yes, please describe the severity of the condition of each involved joint.
病人以下的主要關節有否臨床變形? 如有，請詳述各關節的變形程度.

(a) Hands 手 ☐ Yes, details : 有，請詳述_____ ☐ No 沒有
(b) Wrists 手腕 ☐ Yes, details : 有，請詳述_____ ☐ No 沒有
(c) Elbows 手肘 ☐ Yes, details : 有，請詳述_____ ☐ No 沒有
(d) Spine 脊椎 ☐ Yes, details : 有，請詳述_____ ☐ No 沒有
(e) Knees 膝 ☐ Yes, details : 有，請詳述_____ ☐ No 沒有
(f) Ankles 足踝 ☐ Yes, details : 有，請詳述_____ ☐ No 沒有
g) Feet 足 ☐ Yes, details : 有，請詳述_____ ☐ No 沒有

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 / Histopathological Diagnosis 結果/ 病理組織診斷

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

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 醫生姓名 _____ Qualification 資歷 _____
Hospital Name (if applicable) 醫院名稱(如適用) _____ Telephone No. 聯絡電話 _____
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) _____