

Critical Illness Benefit Claim - Heart Attack

Part II - Attending Physician's Statement

(to be completed by attending physician at the claimant's own expenses)

危疾保障賠償 - 心臟病

乙部 - 主診醫生報告 (由申請人自費，由主診醫生填寫)

Policy no. 保單編號

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Patient's name 病人姓名	HKID Card/Passport no. 香港身份證/護照號碼	Date of birth 出生日期 DD日 MM月 YYYY年 / /	Sex 性別	Age 年齡
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Heart Attack

Death of a portion of the heart muscle as a result of inadequate blood supply due to coronary artery disease. All three (3) of the following criteria must be present and diagnostic of a new definite acute myocardial infarction :

- a. Symptoms clinically accepted as consistent with the diagnosis of an acute myocardial infarction such as chest pain; and
- b. New electrocardiographic (ECG) changes that progress to the development of new pathological Q waves; and
- c. Elevation above clinically accepted normal values of serum cardiac enzymes or cardiac specific markers

There must also be evidence of myocardial infarction meeting one (1) of the following two (2) criteria :

- a. Demonstration of a regional ventricular wall motion abnormality that results in a reduction in left ventricular ejection fraction to less than fifty percent (50%); or
- b. Angiographic evidence of one hundred percent (100%) occluded coronary artery.

心臟病

因冠狀動脈病症引發輸血不足而導致一部分心臟肌肉死亡。心臟病需達到以下所有三(3)項準則且需診斷出一種新出現的急性心肌梗塞：

- a. 與急性心肌梗塞診斷一致的臨床認可症狀，例如胸痛；
- b. 新的心電圖測定之改變及進展成病態性新Q波的病理改變；及
- c. 心臟酵素或特定心臟指標數值超出臨床認可的正常數值

且需提供符合以下兩(2)項準則中任何一(1)項心肌梗塞的證據：

- a. 顯示因局部心室壁的不正常活動導致左心室之搏出率低於百分之五十(50%)；或
- b. 血管造影顯示冠狀動脈百分之百(100%)閉塞

A. General Information 一般資料

1. Are you the patient's usual doctor? 閣下是否病人之慣常醫生? Yes 是 No 否

Since when 自從 (/ /) DD日 MM月 YYYY年

2. When were you first consulted for this illness? 病人就是次疾病首次向閣下求診之日期?

(/ /) DD日 MM月 YYYY年

3. What were the presenting symptoms? 請描述病人之病徵?

4. According to the patient, how long had the symptoms been present? 根據病人之描述，該病徵於何時出現?

Since 自從 (/ /) DD日 MM月 YYYY年 **OR或** for 已存在: years年 months月 days日

5. What were the significant physical findings? 請提供體檢結果或發現。

6. What was the exact diagnosis? 請提供診斷。

7. Date of diagnosis made? 診斷日期?

(/ /) DD日 MM月 YYYY年

8. When was the patient informed of the diagnosis? (Please give exact date) 病人於何時得悉上述診斷? (請提供日期)

(/ /) DD日 MM月 YYYY年

9. If you are not the first who diagnosed for this illness, please give name and address of the doctor who informed the patient of the diagnosis. 若閣下不是首次確診病人上述診斷之醫生，請提供該醫生之姓名及地址。

10. Other physicians or medical facilities the patient has consulted for this condition. 病人就有關情況向其他醫生或醫療機構求診。

Name of physician(s) &/or hospital(s) 醫生/醫院名稱	Address(es) 地址	Date of consultation(s) &/or period of confinement 求診日期及/或住院期 DD日 MM月 YYYY年
		(/ /) To 至 (/ /)
		(/ /) To 至 (/ /)
		(/ /) To 至 (/ /)

B. Extent of Illness 疾病程度

1. Were there any symptoms clinically accepted as consistent with the diagnosis of an acute myocardial infarction (e.g. chest pain)? Please kindly describe the details.

臨床上是否存在與急性心肌梗塞（例如胸痛）診斷一致之症狀？請詳細描述細節。

Yes 是 No 否

2. Were there new electrocardiographic (ECG) changes?

是否有新之心電圖（ECG）改變？

Yes 是 No 否

If yes, were there any new electrocardiographic (ECG) changes which progress to the development of new pathological Q waves?

如是，是否有任何新之心電圖（ECG）改變並發展成病態性新Q波之病理改變？

Yes 是 No 否

Please kindly describe the details and provide copy(ies) of the report(s).

請詳細描述並提供報告之副本。

3. Was there any elevation above clinically accepted normal values of serum cardiac enzymes or cardiac specific markers? Please kindly describe the details and provide copy(ies) of the report(s).

是否有心臟酵素或特定心臟指標數值超出臨床認可之正常數值？請詳細描述並提供報告之副本。

Yes 是 No 否

4. Was there any regional ventricular wall motion abnormality that results in a reduction in left ventricular ejection fraction to less than fifty percent (50%)? Please kindly describe the details and provide copy(ies) of the report(s).

是否有任何因局部心室壁之不正常活動導致左心室之搏出率低於百分之五十(50%)？請詳細描述並提供報告之副本。

Yes 是 No 否

5. Was there any angiographic evidence of one hundred percent (100%) occluded coronary artery? Please kindly describe the details and provide copy(ies) of the report(s).

是否有血管造影顯示冠狀動脈百分之百(100%)閉塞？請詳細描述並提供報告之副本。

Yes 是 No 否

6. Is there anything in the patient's personal health history which would have increased the risk of Heart Attack? Please give the details.
病人之個人健康史中是否有任何增加患有心臟病之風險？請詳細說明。

C. Other Information 其他資料

1. Does the patient smoke cigarette or drink alcohol? If yes, please give details including the daily consumption and the duration of the habit.
病人是否有吸煙或飲酒習慣？若有，請提供詳情包括每天飲用或吸食之用量及該習慣之持續時間。

Yes 是 No 否

Quantity 數量 Type 類別 Duration 持續時間

2. Please state if the patient has suffered / been treated for any other illness(es) / complaints other than this critical illness.
請說明病人是否曾經患有除此危疾以外之其他疾病或接受治療。

3. Is there any further information, which in your opinion will assist us in assessing this claim?
請提供任何資料閣下認為可以幫助本公司審核此索償申請。

I hereby certify that I have personally examined and treated the patient for the above illness and that the facts as given above present my opinion of his/her conditions.
本人在此聲明，已向病人進行身體檢查，並對上述疾病進行治療及上述事實表明本人對上述病人之情況表述。

Name of physician (with stamp) 醫生姓名 (連印章)	Qualification 醫學資格	Signature 簽署	Date 日期
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Address 地址: _____

Tel no. 電話號碼: _____

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