

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 (/ /)
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B. Extent of Illness 疾病程度

1. Please describe the heart attack. 請描述心臟病。

a. Date of attack : 發作日期 :

(/ /) DD日 MM月 YYYY年

b. Was there a history of typical ischemic chest pain?

Yes 是 No 否

是否有典型缺血性胸痛之病歷？

c. Was there a serial elevation of cardiac enzymes (CPK) documented?

Yes 是 No 否

是否記錄有一系列心臟酵素 (CPK) 顯著上升？

d. Were there any changes in the ECG indicative of a myocardial infarction?

Yes 是 No 否

心電圖是否有任何改變以顯示心肌梗塞？

e. Was there death of a portion of the heart muscle?

Yes 是 No 否

是否有部份心臟肌肉死亡？

f. Duration of the acute symptom :

急性症狀之持續時間 :

g. Date of return to normal activities and / or the patient's present limitation, physical and mental condition :

恢復正常活動之日期及/或病人目前之限制、身體及精神狀況 :

(/ /) DD日 MM月 YYYY年

2. Please give dates and results of any investigation performed and please enclose copies of all reports including resting ECGs, exercise stress tests, enzyme assays, isotope imaging, coronary and LV angiograph and any relevant reports that are available.

請提供任何檢查之日期及結果，並附上所有報告之副本，包括靜態心電圖、運動壓力測試、酵素免疫分析法、同位素成像、冠狀動脈及左心室血管造影及所有相關之報告。

Investigation 檢查

Date 日期 (DD日 MM月 YYYY年)

Result 結果

3. Had the patient had any past history of the disease specified above or related illness?

病人是否曾有上述疾病之過去病史或相關疾病？

Yes 是 No 否

If yes, please give details of :

如是，請詳細說明：

Name of doctor 醫生名字

Date of consultation 求診日期

Address of doctor 醫生地址

Exact diagnosis 確實診斷

