Living Benefit Claim - Heart Attack Part II - Attending Physician's Statement (to be completed by attending physician at the claimant's own expenses)

生活保障賠償 - 心臟病

乙部 - 主診醫生報告(由申請人自費,由主診醫生填寫)

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 年齢				
Heart Attack Death of a portion of the heart muscle as a result of inadequate blood supply. The criteria upon which the diagnosis will be based are: a. a medical history of chest pain; b. new electro-cardiographic (ECG) changes consistent with a myocardial infarction; and c. elevation of cardiac enzymes (with the enzyme Creatine Phosphate Kinase (CPK), a measurement of Creatine Kinase Isoenzyme (CPK-MB) must be used.) 心臟病 因血液供應不足而導致部份心臟肌肉死亡。其診斷必須根據以下所有項目: a. 典型胸痛之病歷; b. 新的心電圖異常,並顯示心肌梗塞;及 c. 心臟酵素(CPK)顯著上升,必需利用CPK-MB作測量。								
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								
(/) 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 l	nad the symptoms been present? 根據病人之	————————————————————— 描述,該病徵於何時出現?						
Since 自從(////////////////////////////////////		or 已存在: years年	months	∃ days∃				
5. What were the significant physical fi	indings? 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?	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							

Policy no. 保單編號 _____ | ___ | ___ | ___ | ___ |

9.	If you are not the first who diagnosed 若閣下不是首次確診病人上述診斷之間			the doc	tor wh	io inform	ned ti	he pa	atient o	f the dia	ignosis.
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	of physician(s) &/or hospital(s) Address(es) Date of consultation(s) &/or					_				
				(/	/) To) 至	(/)
				(/	/) To	至	(/	/)
				(/	/) To	至	(/	′ /)
В	. Extent of Illness 疾病程度										
1.	Please describe the heart attack. 請 a. Date of attack: 發作日期:	描述心臟病。									
	(/ /)	DD日 MM月 YYYY年									
	b. Was there a history of typical ischemic chest pain? 是否有典型缺血性胸痛之病歷?					es 是		No 존			
	c. Was there a serial elevation of cardiac enzymes (CPK) documented? 是否記錄有一系列心臟酵素(CPK)顯著上升?				es 是	□ I	No Z	Š			
	d. Were there any changes in the ECG indicative of a myocardial infarction? Ures 是 口心電圖是否有任何改變以顯示心肌梗塞?				□ I	No 존	Ä				
	e. Was there death of a portion of the heart muscle? 是否有部份心臟肌肉死亡?					es 是		No 존			
	f. Duration of the acute symptom: 急性症狀之持續時間:										
	g. Date of return to normal activities 恢復正常活動之日期及/或病人目前		limitation, physical	l and m	iental (condition	n :				
	(/ /)DD日 MM月 YYYY年									
2.	Please give dates and results of any i stress tests, enzyme assays, isotope 請提供任何檢查之日期及結果,並附 血管造影及所有相關之報告。	imaging, coronary and LV ang	iograph and any re	levant i	report	s that are	e ava	ilabl	e.		
	Investigation 檢查	Date 日期 (DD)	日 MM月 YYYY年) -		Resu	lt 結	果一			
3.	Had the patient had any past history 病人是否曾有上述疾病之過去病史或构 □ Yes 是 □ No 否 If yes, please give details of:	-	or related illness?								
	如是,請詳細說明:		۸ .ا و کار درد	医分 / 1	바ㅗ니		F	J:		7. 中央 入	K&C
	Name of doctor 醫生名字 Da	ite of consultation 求診日期	Address of docto	r 醫生I	世上		Exa	ct di	agnosis	確實診	國

4.	What is the nature of treatment? Please give 治療之性質是什麼? 請詳細說明程序。	details of procedures.						
5.	What is the prognosis of the disease?							
	請提供該疾病預期之康復進度。							
C.	Other Information 其他資料							
1.	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况表述。								
	ame of physician (with stamp)	Qualification	Signature	Date				
置	生姓名(連印章)	醫學資格 	簽署	日期				
A	ddress 地址:							
	Tel no.電話號碼:							
-			TCI IIO. 电印刷形 Hay.					

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