



**Internal Use Only 只供內部使用**  
Claim No. 理賠編號

## Critical Illness Claim Form – Part II

### 危疾賠償申請表 – 第二部份

Policy Number

保單號碼

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Private &amp; Confidential 私人及機密

**For claim of "Systemic Lupus Erythematosus (SLE) with Lupus Nephritis" / "Less Severe Systemic Lupus Erythematosus"**  
適用於「系統性紅斑狼瘡連狼瘡性腎炎」/ 「次級嚴重系統性紅斑狼瘡」

**TO BE COMPLETED BY THE ATTENDING PHYSICIAN / SURGEON AT THE CLAIMANT'S OWN EXPENSES**

由主診醫生填寫，所需費用由索償人自行承擔

**Important note 重要事項**

Your patient is insured with us and to enable us to assess the claim, please complete this report with as much details as you can possibly provide. Your kind assistance will help expedite the claim settlement.

閣下的病人為本公司的受保人，請閣下詳細填寫此申請表並盡可能提供一切有關資料，以便本公司審核此索償。閣下的協助可使本公司加快索償安排。

1. Name of the Patient (Insured)

病人(受保人)姓名

2. HKID Card / Passport No.

香港身份證 / 護照號碼

3. Details of the current illness

是次疾病的詳情

First consultation date for this illness

就此疾病的首次求診日期

\_\_\_\_ / \_\_\_\_ / \_\_\_\_ (dd/mm/yyyy)  
(日/月/年)

Date symptoms first appeared

病徵首次出現日期

\_\_\_\_ / \_\_\_\_ / \_\_\_\_ (dd/mm/yyyy)  
(日/月/年)

Details of symptoms presented

病徵詳情

Final diagnosis

最終確診

Date of diagnosis

確診日期

\_\_\_\_ / \_\_\_\_ / \_\_\_\_ (dd/mm/yyyy)  
(日/月/年)

Diagnostic test performed &amp; result

確診測試及結果

Has the diagnosis of Systemic Lupus Erythematosus been confirmed by a registered rheumatologist?

以上系統性紅斑狼瘡的診斷是否由風濕科或免疫系統專科註冊醫生確定？

Yes (please provide the name and qualification of the specialist)

是(請提供專科醫生姓名及資歷)

No

否

4. Complication(s) involved (please provide biopsy report and other investigation reports)  
涉及的併發症(請提供活檢報告及其他檢驗報告副本)

Is Lupus Nephritis involved?

是否涉及狼瘡性腎炎?

 Yes 是 No 否

If yes, please provide the Abbreviated International Society of Nephrology/Renal Pathology Society (ISN/RPS) classification of lupus nephritis (2003) based on renal biopsy:

如是，請提供經腎臟活檢確定為國際腎臟協會 / 腎臟病理協會 (ISN/RPS) 的狼瘡性腎炎分類(2003):

Class I - Minimal mesangial lupus nephritis 第 I 級 - 微小系膜狼瘡性腎炎

Class II - Mesangial proliferative lupus nephritis 第 II 級 - 系膜增生性狼瘡性腎炎

Class III - Focal lupus nephritis 第 III 級 - 病灶性狼瘡性腎炎

Class IV - Diffuse segmental (IV-S) or global (IV-G) lupus nephritis  
第 IV 級 - 彌漫性節段性 (IV-S 級) / 狼瘡性腎炎或全球性 (IV-G 級) 狼瘡性腎炎

Class V - Membranous lupus nephritis 第 V 級 - 膜性狼瘡性腎炎

Class VI - Advanced sclerosing lupus nephritis 第 VI 級 - 高度硬化性狼瘡性腎炎

Are there any other complications?

是否有其他併發症?

 Yes 是 No 否

If yes, please provide full details.

若是，請提供詳情。

<p>5. Was the patient hospitalized for treatment due to this illness? 病人是否就此疾病曾入住院接受治療？</p>	<p><input type="checkbox"/> Yes (please provide details) 是 (請提供詳情) <input type="checkbox"/> No 否</p> <p>Period of Hospitalization 住院時期 _____</p> <p>Name of Hospital 醫院名稱 _____</p> <p>Any surgery performed during hospitalization? <input type="checkbox"/> Yes (please provide details) <input type="checkbox"/> No 住院期間是否有進行手術？ 是 (請提供詳情) 否</p> <p>Date of surgery _____ / _____ / _____ (dd/mm/yyyy) 手術日期 (日/月/年)</p> <p>Type of surgery _____ 手術類型</p> <p>Other treatment performed 曾進行的其他治療 _____</p> <p>Brief discharge summary (including investigation tests &amp; results, results of the treatments, any complications and follow-up plans) 出院撮要 (包括確診測試及結果、治療結果、有否併發症及跟進計劃)</p> <p>_____</p> <p>_____</p>
<p>6. Current conditions of the patient (please provide copies of all reports) 病人現時情況 (請提供所有檢驗報告副本)</p>	<p>Presence of the following condition(s) (can select more than 1): 出現以下情況 (可選擇多於一個)</p> <p>(a) arthritis: non-erosive arthritis, involving two (2) or more joints <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 關節炎：非磨損性關節炎，需涉及兩 (2) 個或以上關節</p> <p>(b) serositis: pleuritis or pericarditis <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 漿膜炎：胸膜炎或心包炎</p> <p>(c) renal disorder: persistent proteinuria &gt; 0.5g per day or cellular casts <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 腎病：持續每天尿蛋白超過 0.5 克或尿液檢查呈細胞圓柱</p> <p>(d) hematologic disorder: hemolytic anemia, Leukopenia, Lymphopenia, or thrombocytopenia <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 血科病：溶血性貧血、白血球減少、淋巴球減少，或血小板減少</p> <p>(e) positive test results of anti-nuclear antibody, Anti-dsDNA or anti-Smith antibody <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 抗細胞核抗體測試、抗雙鏈脫氧核糖核酸測試或抗史密夫抗體測試呈陽性結果</p>
<p>7. Is there anything in the patient's lifestyle or personal medical history which would have increased the risk of the Systemic Lupus Erythematosus? 病人的生活方式或個人病史中是否有任何可能增加患上系統性紅斑狼瘡的風險？</p>	<p><input type="checkbox"/> Yes (please provide details) 是 (請提供詳情) <input type="checkbox"/> No 否</p> <p><i>Details include Type of lifestyle/exact diagnosis, date of diagnosis and name of doctor &amp; address of hospital/clinic, etc.</i> <i>詳情包括生活方式類型 / 確切診斷、診斷日期、醫生姓名和醫院 / 診所地址等。</i></p>
<p>8. Has any of the patient's family members suffered from Systemic Lupus Erythematosus? 病人的家人是否患有系統性紅斑狼瘡？</p>	<p><input type="checkbox"/> Yes (please provide details) 是 (請提供詳情) <input type="checkbox"/> No 否</p> <p><i>Details include relationship with the patient, nature of illness, date of diagnosis, name of doctor &amp; address of hospital/clinic, etc.</i> <i>詳情包括與病人的關係、疾病性質、診斷日期、醫生姓名和醫院 / 診所地址等。</i></p>
<p>9. Had the patient previously referred to you by other doctor? 病人是否經其他醫生轉介給您？</p>	<p><input type="checkbox"/> Yes (please provide name &amp; address of the doctor) 是 (請提供醫生姓名及地址) <input type="checkbox"/> No 否</p>
<p>10. Did the patient have any of the following habits - smoking, drinking or drugs taking? 病人是否有以下習慣 - 吸煙、飲酒或服用藥物？</p>	<p><input type="checkbox"/> Yes (please provide details) 是 (請提供詳情) <input type="checkbox"/> No 否</p> <p><input type="checkbox"/> Smoking 吸煙 <input type="checkbox"/> Drinking 飲酒 <input type="checkbox"/> Drug taking 服用藥物</p> <p>Duration 持續時間 _____ Consumption per day 每天用量 _____</p>

