



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

Private & Confidential 私人及機密

Policy Number

保單號碼

For claim of "Alzheimer's Disease / Irreversible Organic Degenerative Brain Disorders" or "Early Stage Dementia including Early Stage Alzheimer's Disease"
適用於「亞爾茲默氏病 / 不可逆原之器質性腦退化疾病」或「早期腦退化症 (包括早期亞爾茲默氏病)」

TO BE COMPLETED BY THE ATTENDING NEUROLOGIST AT THE CLAIMANT'S OWN EXPENSES

由主診腦神經專科醫生填寫，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 diagnosis 是次確診的詳情	<p>First consultation date for this illness 就此疾病的首次求診日期 _____ / _____ / _____ (dd/mm/yyyy) (日/月/年)</p> <p>Date symptoms first appeared 病徵首次出現日期 _____ / _____ / _____ (dd/mm/yyyy) (日/月/年)</p> <p>Details of symptoms presented 病徵詳情 _____</p> <p>Final diagnosis 最終確診 _____</p> <p>Date of diagnosis 確診日期 _____ / _____ / _____ (dd/mm/yyyy) (日/月/年)</p>																						
4. What tests and Investigations were performed to confirm the diagnosis (please provide copies of all reports, including relevant tests/diagnostic reports) 曾進行甚麼測試及檢驗以確定診斷? (請提供所有報告副本, 包括有關檢驗/診斷報告)	<p>(a) Did the patient undergo a Mini Mental State Examinations (MMSE)? 病人是否曾進行簡易精神狀態檢查?</p> <p><input type="checkbox"/> Yes (please provide details) 是 (請提供詳情) <input type="checkbox"/> No 否</p> <table border="0" style="width: 100%;"> <thead> <tr> <th style="text-align: center;">Date of MMSE (dd/mm/yyyy) 檢查日期 (日/月/年)</th> <th style="text-align: center;">Results /Score of MMSE 結果 / 分數</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> </tbody> </table> <p>(b) Have there been any other tests being performed? 是否曾進行其他檢驗?</p> <p><input type="checkbox"/> Yes (please provide details) 是 (請提供詳情) <input type="checkbox"/> No 否</p> <table border="0" style="width: 100%;"> <thead> <tr> <th style="text-align: center;">Date of Test (dd/mm/yyyy) 檢驗日期 (日/月/年)</th> <th style="text-align: center;">Test Assessment 檢驗評估</th> <th style="text-align: center;">Result 結果</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> </tbody> </table>			Date of MMSE (dd/mm/yyyy) 檢查日期 (日/月/年)	Results /Score of MMSE 結果 / 分數	_____	_____	_____	_____	_____	_____	Date of Test (dd/mm/yyyy) 檢驗日期 (日/月/年)	Test Assessment 檢驗評估	Result 結果	_____	_____	_____	_____	_____	_____	_____	_____	_____
Date of MMSE (dd/mm/yyyy) 檢查日期 (日/月/年)	Results /Score of MMSE 結果 / 分數																						
_____	_____																						
_____	_____																						
_____	_____																						
Date of Test (dd/mm/yyyy) 檢驗日期 (日/月/年)	Test Assessment 檢驗評估	Result 結果																					
_____	_____	_____																					
_____	_____	_____																					
_____	_____	_____																					

<p>5. Was the patient hospitalized for treatment due to this illness? 病人是否就此疾病曾入住醫院接受治療？</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>Treatment(s) performed during hospitalization 住院期間曾進行的治療 _____</p> <p>_____</p> <p>Brief discharge summary (including investigation tests & 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>_____</p>
<p>6. Current conditions of the patient 病人現時情況</p>	<p>(a) Is there evidence of deterioration or loss of intellectual capacity or abnormal behaviour arising from Alzheimer's Disease or irreversible organic disorders? 是否有證據證明病人的思考能力退化或喪失，或行為舉止之失常是由亞爾茲默氏病或其他不可復原之器質性腦退化疾病引致？</p> <p><input type="checkbox"/> Yes (please provide details) 是 (請提供詳情) <input type="checkbox"/> No 否</p> <p>_____</p> <p>_____</p> <p>(b) Is there evidence of deterioration or loss of intellectual capacity or abnormal behaviour resulting in significant reduction in mental and social functioning? 是否有證據顯示病人之思維能力退減或喪失、或行為異常，導致心理和社會功能顯著下降？</p> <p><input type="checkbox"/> Yes (please describe the findings) 是 (請描述詳情) <input type="checkbox"/> No 否</p> <p>_____</p> <p>_____</p> <p>(c) Does the patient require continuous supervision because of the significant reduction in mental and social functioning mentioned above? 病人是否因上述之心理和社會功能顯著下降而需接受持續性之護理？</p> <p><input type="checkbox"/> Yes (please provide details) 是 (請提供詳情) <input type="checkbox"/> No 否</p> <p>Basis of evaluation 評估依據 _____</p> <p>Date on which continuous supervision was first required _____ (dd/mm/yyyy) 首次開始需要持續性之護理日期 _____ (日/月/年)</p> <p>(d) Can the condition be controlled with medication? 是否可以用藥物控制病情嗎？</p> <p><input type="checkbox"/> Yes (please provide details) 是 (請提供詳情) <input type="checkbox"/> No 否</p> <p>Date the medical treatment first started _____ (dd/mm/yyyy) 首次開始藥物治療日期 _____ (日/月/年)</p> <p>(e) Please describe the progression of the patients Alzheimer's disease condition since the time the patient was first and last seen at your hospital/clinic (e.g memory and thinking changes) 請描述病人自第一次和最後一次到醫院 / 診所就診以來阿茲海默症病情的進展 (例如記憶力和思維變化)？</p> <p>_____</p> <p>_____</p> <p>_____</p>

<p>7. Activities of Daily Living (ADL) 日常生活活動</p> <p>Washing: the ability to wash oneself in the bath or shower (including getting in or out of the bath or shower) or wash oneself by any other means. 洗澡：可自行在浴缸或淋浴間進行沐浴或淋浴（包括進出浴缸或淋浴間）或使用其他方式洗澡的能力。</p> <p>Dressing: putting on and taking off all necessary items of clothing without requiring assistance of another person. 更衣：在無需其他人士幫助的情況下，可自行穿著及除掉一切所需衣物。</p> <p>Feeding: all tasks of getting food into the body once it has been prepared without requiring assistance of another person. 餵養：在無需其他人士幫助的情況下，可自行進食已預備好之食物。</p> <p>Continenence: the ability to voluntarily control bladder and bowel functions so as to maintain personal hygiene. 如廁：有控制膀胱及大腸功能的自發能力，以保持個人衛生。</p> <p>Transferring: getting in and out of a chair or bed without requiring any physical assistance. 移動能力：在無需任何幫助的情況下，可自行上落床、坐椅及自椅子起立。</p> <p>Moving: The ability to move from room to room without requiring any physical assistance 行動能力：在無需任何幫助的情況下，可自行由某一間房間移動至另一間房間。</p>	<p>Please tick against the box that most accurately describes the patient's ability. 請選擇最接近病人能力的方格。</p> <p><input type="checkbox"/> No help is needed 不需要協助</p> <p><input type="checkbox"/> Some help or supervision is needed (e.g. to wash the back, hair) 偶爾需要協助或監察</p> <p><input type="checkbox"/> Needs someone to help most of the times 大部分時間都需要協助</p> <p><input type="checkbox"/> Not able to do at all (to be washed or bathed entirely by caregiver) 完全無法自行完成</p> <p><input type="checkbox"/> No help is needed 不需要協助</p> <p><input type="checkbox"/> Some help or supervision is needed (e.g. put clothes or trousers) 偶爾需要協助或監察</p> <p><input type="checkbox"/> Needs someone to help most of the times 大部分時間都需要協助</p> <p><input type="checkbox"/> Not able to do at all (needs to be dressed entirely by caregiver) 完全無法自行完成</p> <p><input type="checkbox"/> No help is needed 不需要協助</p> <p><input type="checkbox"/> Some help or supervision is needed (e.g. to scoop food) 偶爾需要協助或監察</p> <p><input type="checkbox"/> Needs someone to help most of the times 大部分時間都需要協助</p> <p><input type="checkbox"/> Not able to do at all (needs caregiver to feed entirely or is tube-fed) 完全無法自行完成</p> <p><input type="checkbox"/> No help is needed 不需要協助</p> <p><input type="checkbox"/> Some help or supervision is needed (e.g. to get on or off the toilet) 偶爾需要協助或監察</p> <p><input type="checkbox"/> Needs someone to help most of the times 大部分時間都需要協助</p> <p><input type="checkbox"/> Not able to do at all (needs diaper and cleaned by caregiver) 完全無法自行完成</p> <p><input type="checkbox"/> No help is needed 不需要協助</p> <p><input type="checkbox"/> Some help or supervision is needed (e.g. to get on or off the chair/bed) 偶爾需要協助或監察</p> <p><input type="checkbox"/> Needs someone to help most of the times 大部分時間都需要協助</p> <p><input type="checkbox"/> Not able to do at all (needs to be placed on the chair/bed by caregiver) 完全無法自行完成</p> <p><input type="checkbox"/> No help is needed 不需要協助</p> <p><input type="checkbox"/> Some help or supervision is needed 偶爾需要協助或監察</p> <p><input type="checkbox"/> Needs someone to help most of the times 大部分時間都需要協助</p> <p><input type="checkbox"/> Not able to do at all 完全無法自行完成</p>
<p>7. Is there possibility of recovery from this impairment? 病人是否有有機會康復？</p>	<p><input type="checkbox"/> Yes (please provide details) 是（請提供詳情） <input type="checkbox"/> No 否</p>
<p>8. What is the prognosis of the patient's condition? 病人病情預後如何？</p>	
<p>9. Is the patient's illness related to the circumstances or conditions provided in this section? 病人的疾病是否與此部份列出的情況或條件有關？</p>	<p><input type="checkbox"/> Yes (please check appropriate and give details) 是（請選擇適當情況及提供詳情） <input type="checkbox"/> No 否</p> <p><input type="checkbox"/> Self-inflicted condition or suicide 自殘情況 / 自殺</p> <p><input type="checkbox"/> Under influence of alcohol or toxic substances 受酒精或毒性影響</p> <p><input type="checkbox"/> Past injury 過往受傷</p> <p><input type="checkbox"/> Neurosis or psychiatric illnesses 神經機能疾病及精神病</p> <p><input type="checkbox"/> Others 職業</p> <p>If yes, please provide full details 請提供詳情 _____</p>
<p>10. Had the patient previously referred to you by other doctor? 病人是否經其他醫生轉介紹給您？</p>	<p><input type="checkbox"/> Yes (please provide name & address of the doctor) 是（請提供醫生姓名及地址） <input type="checkbox"/> No 否</p>

<p>11. 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>																
<p>12. Do you know whether the patient was suffering from any other major, chronic or congenital disease? 你是否知道病人曾患有任何其他嚴重、慢性或先天性疾病?</p>	<p><input type="checkbox"/> Yes (please provide details) 是 (請提供詳情) <input type="checkbox"/> No 否</p> <p>_____</p>																
<p>13. Please list details of all medical history (apart from what have been mentioned above) that the patient had ever consulted you with. 請提供病人過去曾向你求診的所有醫療病歷詳情 (除上述已提及外)。</p>	<table border="1"> <thead> <tr> <th data-bbox="576 439 762 488">Consultation date 求診日期</th> <th data-bbox="762 439 1018 488">Complaints/Symptoms 主訴 / 病徵</th> <th data-bbox="1018 439 1273 488">Diagnosis 確診</th> <th data-bbox="1273 439 1538 488">Treatment given 所提供治療</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>	Consultation date 求診日期	Complaints/Symptoms 主訴 / 病徵	Diagnosis 確診	Treatment given 所提供治療	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Consultation date 求診日期	Complaints/Symptoms 主訴 / 病徵	Diagnosis 確診	Treatment given 所提供治療														
_____	_____	_____	_____														
_____	_____	_____	_____														
_____	_____	_____	_____														
<p>14. Was there any usual doctor of the patient other than you? 病人是否有其他慣常求診的醫生?</p>	<p><input type="checkbox"/> Yes (please provide name & address of the doctor) 是 (請提供醫生姓名及地址) <input type="checkbox"/> No 否</p>																
<p>15. Have the biological parents or siblings of the patient been diagnosed prior to age 60 with any of the illnesses listed in the right side? 病人的親生父母或兄弟姐妹在六十歲之前有否患有右列之疾病?</p>	<p><input type="checkbox"/> Yes (please check appropriate and give details) 是 (請選擇適當情況及提供詳情) <input type="checkbox"/> No 否</p> <p><input type="checkbox"/> Cancer 癌症</p> <p><input type="checkbox"/> Heart disease 心臟病</p> <p><input type="checkbox"/> Stroke 中風</p> <p><input type="checkbox"/> Diabetes 糖尿病</p> <p><input type="checkbox"/> Alzheimer's Disease 阿茲海默症</p> <p><input type="checkbox"/> Parkinson's Disease 帕金森病</p> <p><input type="checkbox"/> Polycystic Kidney Disease 多囊性腎病</p> <p><input type="checkbox"/> Other inherited disease or disorder 其他遺傳性疾病</p> <p>Please provide details 請提供詳情 _____</p>																
<p>16. Any additional information you consider relevant to this claim. 其他與是次索償有關的資料。</p>																	
<p>Declaration 聲明</p>																	
<p>I hereby certify that I have personally examined and treated the patient in connection to the above condition and that the facts as given above present my opinion of his/her condition and all are true to the best of my knowledge and belief. I hereby declare that no information has been withheld by me at the request of the patient or his/her family.</p> <p>本人謹此聲明曾親自為病人檢查及作出診治，以上填報的各項資料乃本人基於病人的情況而提供意見，所有答案，就本人所知所信，均為事實全部並確實無訛。本人在此聲明，沒有任何病人或其家屬要求本人隱瞞任何資料。</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%; border-top: 1px solid black; padding-top: 5px;"> Name in block letters of Attending Physician / Specialist and Qualifications 主診 / 專科醫生姓名及資歷 </td> <td style="width: 50%; border-top: 1px solid black; padding-top: 5px;"> Address and Contact No. 地址及聯絡電話號碼 </td> </tr> <tr> <td style="border-top: 1px solid black; padding-top: 5px;"> Signature of Attending Physician / Specialist (with chop) 主診 / 專科醫生署名 (蓋印) </td> <td style="border-top: 1px solid black; padding-top: 5px;"> Date (dd / mm / yyyy) 日期 (日 / 月 / 年) </td> </tr> </table>		Name in block letters of Attending Physician / Specialist and Qualifications 主診 / 專科醫生姓名及資歷	Address and Contact No. 地址及聯絡電話號碼	Signature of Attending Physician / Specialist (with chop) 主診 / 專科醫生署名 (蓋印)	Date (dd / mm / yyyy) 日期 (日 / 月 / 年)												
Name in block letters of Attending Physician / Specialist and Qualifications 主診 / 專科醫生姓名及資歷	Address and Contact No. 地址及聯絡電話號碼																
Signature of Attending Physician / Specialist (with chop) 主診 / 專科醫生署名 (蓋印)	Date (dd / mm / yyyy) 日期 (日 / 月 / 年)																