



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

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For claim of "Parkinson's Disease" or "Less Severe Parkinson's Disease"
適用於「帕金森病」或「次級嚴重帕金森病」

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	First consultation date for this illness _____ (dd/mm/yyyy) 就此疾病的首次求診日期 _____ (日/月/年)		
	Date symptoms first appeared _____ (dd/mm/yyyy) 病徵首次出現日期 _____ (日/月/年)		
	Details of symptoms presented 病徵詳情 _____		
	Final diagnosis 最終確診 _____		
	Date of diagnosis _____ (dd/mm/yyyy) 確診日期 _____ (日/月/年)		
	Is the diagnosis Idiopathic Parkinsonism? 該確診是否為特發性帕金森病? <input type="checkbox"/> Yes 是 <input type="checkbox"/> No (please provide details & the cause) 否 (請提供詳情及成因) _____ _____		
4. What tests and Investigations were carried out to confirm 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)	Date of Test (dd/mm/yyyy) 檢驗日期 (日/月/年)	Test Item 檢驗項目	Result 結果
	_____	_____	_____
	_____	_____	_____
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?	<input type="checkbox"/> Yes (please provide details) 是 (請提供詳情) <input type="checkbox"/> No 否		
	Period of Hospitalization 住院時期 _____		
	Name of Hospital 醫院名稱 _____		
	Treatment(s) performed during hospitalization 住院期間曾進行的治療 _____ _____		
	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>6. Current conditions of the patient 病人現時情況</p>	<p>(a) Is the patient on medication for Parkinson's Disease? 病人現時是否接受治療帕金森病的藥物治療？</p> <p><input type="checkbox"/> Yes (please provide details, including treatment period) 是（請提供詳情，包括治療時間）</p> <p style="text-align: right;"><input type="checkbox"/> No 否</p> <hr/> <hr/> <p>(b) Has the treatment been successful in controlling the symptoms of Parkinson's Disease? 有關治療是否成功控制帕金森病的病徵？</p> <p><input type="checkbox"/> Yes (please provide start date & details) 是（請提供詳情）</p> <p style="text-align: right;"><input type="checkbox"/> No 否</p> <hr/> <hr/> <p>(c) Are there signs of progressive impairment? 是否出現漸進性障礙的徵狀？</p> <p><input type="checkbox"/> Yes (please provide details) 是（請提供詳情）</p> <p style="text-align: right;"><input type="checkbox"/> No 否</p> <hr/> <hr/>
<p>7. Permanent and irreversible impairment in Activities of Daily Living (ADL) 日常生活活動中永久及不能逆轉功能障礙</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>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>Is there a possibility of recovery from this impairment? 這種功能障礙有可能恢復嗎？</p> <p><input type="checkbox"/> Yes (please provide details) 是（請提供詳情）</p> <p style="text-align: right;"><input type="checkbox"/> No 否</p> <hr/> <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>Is there a possibility of recovery from this impairment? 這種功能障礙有可能恢復嗎？</p> <p><input type="checkbox"/> Yes (please provide details) 是（請提供詳情）</p> <p style="text-align: right;"><input type="checkbox"/> No 否</p> <hr/> <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>Is there a possibility of recovery from this impairment? 這種功能障礙有可能恢復嗎？</p> <p><input type="checkbox"/> Yes (please provide details) 是（請提供詳情）</p> <p style="text-align: right;"><input type="checkbox"/> No 否</p> <hr/>

<p>Continence: 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><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>Is there a possibility of recovery from this impairment? 這種功能障礙有可能恢復嗎？</p> <p><input type="checkbox"/> Yes (please provide details) 是（請提供詳情） <input type="checkbox"/> No 否</p> <hr/> <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>Is there a possibility of recovery from this impairment? 這種功能障礙有可能恢復嗎？</p> <p><input type="checkbox"/> Yes (please provide details) 是（請提供詳情） <input type="checkbox"/> No 否</p> <hr/> <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>Is there a possibility of recovery from this impairment? 這種功能障礙有可能恢復嗎？</p> <p><input type="checkbox"/> Yes (please provide details) 是（請提供詳情） <input type="checkbox"/> No 否</p> <hr/>
<p>8. What tests did you use to establish the patient's function of each ADLs mentioned above (e.g. standardised functional assessments, observation of patient performing ADL specific tasks, etc.)? 曾進行甚麼測試確定病人於上述日常生活活動的功能？（例如標準化功能評估、觀察病人執行指定活動等）</p>	<p><i>If your assessment was taken from reports provided by the patient or relatives, please attach copy of such report(s).</i> 如你的評估是根據病人或其親屬所提供的報告，請附上有關報告副本。</p>
<p>9. What is the prognosis of the patient's condition? 病人病情預後如何？</p>	
<p>10. Is the patient's diagnosis related to the circumstances or conditions provided in this section? 病人的診斷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"/> Drug-induced or infections 藥物引起或感染</p> <p><input type="checkbox"/> Vascular issues or brain tumours 血管問題或腦腫瘤</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> <hr/>
<p>11. 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 & address of the doctor) 是（請提供醫生姓名及地址） <input type="checkbox"/> No 否</p>

<p>12. 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>13. 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>14. Please list details of all medical history (apart from what have 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="564 461 762 524">Consultation date 求診日期</th> <th data-bbox="762 461 1011 524">Complaints/Symptoms 主訴 / 病徵</th> <th data-bbox="1011 461 1260 524">Diagnosis 確診</th> <th data-bbox="1260 461 1546 524">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	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
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<p>15. 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>16. 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>17. 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: 10px;"> 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: 10px;"> 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: 10px;"> 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: 10px;"> 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)												
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