

<p>6. Is it possible that this illness was related to the factors listed in the right side? 是次疾病是否有機會與右列之情況有關？</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 other psychoactive substances 受酒精或精神藥物影響</p> <p><input type="checkbox"/> Involvement in high risk activities 高危活動</p> <p><input type="checkbox"/> Past injury or illness 過往受傷 / 疾病</p> <p><input type="checkbox"/> AIDS and/or other sexually transmitted disease 愛滋病或其他性病</p> <p><input type="checkbox"/> Psychological condition 心理因素</p> <p><input type="checkbox"/> Occupation 職業</p> <p>Please provide details 請提供詳情 _____</p>
<p>7. Had the patient previously referred by other physician? 病人是否經其他醫生轉介？</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>8. 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：在無需其他人幫助的情況下，可自行進食已預備好之食物。</p> <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>Please check 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 (needs 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. to button clothes, put on 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>9. Is there any patient's family history or other precipitating factors which would have increased the risk of this illness? 是次疾病是否因任何家族病史或其他因素促使增加患上此疾病的風險？</p>	<p><input type="checkbox"/> Yes (please provide details) 是 (請提供詳情) <input type="checkbox"/> No 否</p> <p>_____</p> <p>_____</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 _____ Consumption per day _____ 持續時間 _____ 每天用量 _____</p>

<p>11. 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>_____</p>																
<p>12. 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="549 232 746 293">Consultation date 求診日期</th> <th data-bbox="746 232 1002 293">Complaints/Symptoms 主訴 / 病徵</th> <th data-bbox="1002 232 1246 293">Diagnosis 確診</th> <th data-bbox="1246 232 1530 293">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>13. Was there any usual physician 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>14. 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? 請問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>15. Any additional information you consider relevant to this claim. 其他與是次索償有關的資料。</p>																	

Declaration 聲明

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.

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。

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)