



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

Private & Confidential 私人及機密

For claim of "Stroke" 適用於「中風」索償

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 consultation for current illness 就是次疾病求診的詳情	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)
	Chief complaints / symptoms 主訴 / 病徵	_____
	Final diagnosis 最終確診	_____
	Date of diagnosis 確診日期	_____ / _____ / _____ (dd/mm/yyyy) (日/月/年)
	Diagnostic test performed & result 確診測試及結果	_____
Previously treated for same/related disorder? 是否曾因同類或相關疾病接受治療?	<input type="checkbox"/> Yes (please provide details) 是 (請提供詳情) <input type="checkbox"/> No 否	
Is there any complications? 是否有併發症?	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	
If yes, please give details. 若是，請提供詳情。	_____	
4. 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?	<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	_____	
Any surgery performed during hospitalization? 住院期間是否有進行手術?	<input type="checkbox"/> Yes (please provide details) 是 (請提供詳情) <input type="checkbox"/> No 否	
Date of surgery 手術日期	_____ / _____ / _____ (dd/mm/yyyy) (日/月/年)	
Name of surgery 手術名稱	_____	
Other treatment performed 曾進行的其他治療	_____	
Brief discharge summary (including investigation tests & results, results of the treatments, any complications and follow-up plans) 出院摘要 (包括確診測試及結果、治療結果、有否併發症及跟進計劃)	_____	

<p>5. 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>6. Details of the stroke 有關中風詳情</p>	<p>Has there been an infarction of brain tissue, haemorrhage or embolism / thrombosis from an extra-cranial source? <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 是否有腦組織梗塞、腦出血或由顱以外原因引致腦栓塞 / 腦血栓？</p> <p>Was the cerebral symptoms caused by transient ischemic attacks / migraine <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 / Vascular disease affecting the eye or optic nerve or vestibular functions? 是否因短暫性腦缺血 / 偏頭痛引致的腦部症狀 / 對眼或視神經或前庭系統功能造成影響的血管疾病？</p> <p>Has there been any cerebral and subarachnoid haemorrhage? <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 是否發生大腦及蛛網膜下出血？</p> <p>Is there any evidence of neurological functional impairment with objective neurological abnormal signs? <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 是否有證據顯示神經功能性障礙並具有客觀神經異常症狀？</p> <p>If yes, please provide below details: 若是，請提供以下詳情：</p> <p>(i) duration of the neurological functional impairment: 神經功能性障礙維持時期：</p> <p><input type="checkbox"/> Permanent 永久性 <input type="checkbox"/> Lasting at least four weeks or above 持續四星期或以上 <input type="checkbox"/> Others 其他 _____</p> <p>(ii) please describe the details of the neurological functional impairment and neurological abnormal signs: 請形容神經功能性障礙及神經異常症狀詳情：</p> <p>_____</p> <p>_____</p>															
<p>7. Details of all diagnostic tests (apart from above mentioned) performed and the result. 所有診斷檢驗 (除上述已提及外) 的詳情及結果。</p> <p>Please enclose copies of all the test reports. 請附上所有檢驗報告。</p>	<table border="1"> <thead> <tr> <th data-bbox="580 943 810 994">Date of Test 檢驗日期</th> <th data-bbox="810 943 1310 994">Test Item 檢驗項目</th> <th data-bbox="1310 943 1538 994">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> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>	Date of Test 檢驗日期	Test Item 檢驗項目	Result 結果	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
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<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>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>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 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 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>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>	<table border="0"> <tr> <td><input type="checkbox"/> No help is needed</td> <td>不需要協助</td> </tr> <tr> <td><input type="checkbox"/> Some help or supervision is needed (e.g. to button clothes, put on trousers)</td> <td>偶爾需要協助或監察</td> </tr> <tr> <td><input type="checkbox"/> Needs someone to help most of the times</td> <td>大部分時間都需要協助</td> </tr> <tr> <td><input type="checkbox"/> Not able to do at all (needs to be dressed entirely by caregiver)</td> <td>完全無法自行完成</td> </tr> <tr> <td><input type="checkbox"/> No help is needed</td> <td>不需要協助</td> </tr> <tr> <td><input type="checkbox"/> Some help or supervision is needed (e.g. to button clothes, put on trousers)</td> <td>偶爾需要協助或監察</td> </tr> <tr> <td><input type="checkbox"/> Needs someone to help most of the times</td> <td>大部分時間都需要協助</td> </tr> <tr> <td><input type="checkbox"/> Not able to do at all (needs to be dressed entirely by caregiver)</td> <td>完全無法自行完成</td> </tr> </table>	<input type="checkbox"/> No help is needed	不需要協助	<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	<input type="checkbox"/> Needs someone to help most of the times	大部分時間都需要協助	<input type="checkbox"/> Not able to do at all (needs to be dressed entirely by caregiver)	完全無法自行完成	<input type="checkbox"/> No help is needed	不需要協助	<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	<input type="checkbox"/> Needs someone to help most of the times	大部分時間都需要協助	<input type="checkbox"/> Not able to do at all (needs to be dressed entirely by caregiver)	完全無法自行完成
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<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>	<input type="checkbox"/> Yes (please provide details) 是 (請提供詳情) <input type="checkbox"/> No 否																
<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>	<input type="checkbox"/> Yes (please provide details) 是 (請提供詳情) <input type="checkbox"/> No 否 <input type="checkbox"/> Smoking 吸煙 <input type="checkbox"/> Drinking 飲酒 <input type="checkbox"/> Drug taking 服用藥物 Duration 持續時間 _____ Consumption per day 每天用量 _____																
<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>	<input type="checkbox"/> Yes (please provide details) 是 (請提供詳情) <input type="checkbox"/> No 否																
<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>Consultation date 求診日期</th> <th>Complaints/Symptoms 主訴 / 病徵</th> <th>Diagnosis 確診</th> <th>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>	<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>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>	<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 <input type="checkbox"/> Cancer 癌症 <input type="checkbox"/> Heart disease 心臟病 <input type="checkbox"/> Stroke 中風 <input type="checkbox"/> Diabetes 糖尿病 <input type="checkbox"/> Alzheimer's Disease 阿茲海默症 <input type="checkbox"/> Parkinson's Disease 帕金森病 <input type="checkbox"/> Polycystic Kidney Disease 多囊性腎病 <input type="checkbox"/> Other inherited disease or disorder 其他遺傳性疾病 Please provide details 請提供詳情 _____																
<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 Qualification
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)