PART II – CRITICAL ILLNESS – STROKE (由主诊医生填写,所需费用由索偿人自行承担。 TO BE COMPLETED BY THE ATTENDING PHYSICIAN/SURGEON AT THE CLAIMANT'S OWN EXPENSES)

	人姓名 ne of Patient	年龄及性别 Age & Sex	身份证号码 ID No.		职业 Occupation
1.	你是否病人惯常求诊的医生? Are you the patient's usual attending physician?	□ 是 YES 醫療紀錄自 Medica	l records since		□ 否 NO (年/月/日) (YY/MM/DD)
2.	病人是否由其他医生转介? Was the patient referred by another physician?	□ 是 YES 转介医生的姓名和地 Name and address of	也比 the referral physician		□ 否 NO
3.	病人因是次疾病的首次求诊日期 Date of first consultation for this illness	(年/月/日) (YY/MM/DD)			
4.	首次求诊的病征及出现日期 Symptoms presented and date of onset during the first consultation		ptoms Onset Date		(年/月/日) (YY/MM/DD)
5.	诊断结果 Diagnosis of conditions				
6.	诊断日期 Date of diagnosis	(年/月/日) (YY/MM/DD)			
7.	病人何时被告知有关疾病的诊断? When and by whom was the patient informed of the diagnosis?		physician		
8.	病人曾否患有相关疾病? Has the patient previously suffered from related condition of this illness?	日期 医	详情 Please provide details 生/医院名称 ume of Physician/Hospital	诊断 <u>Diagnos</u>	□ 否 NO 治疗详情 Treatment Details
9.	病人是否因任何家族病史或其他因素促使增加患上 此疾病的机会? Is there any patient's family history or any precipitating factors which would have increased the risk of this illness?	□ 是 YES, 请提供	洋情 Please provide details		□ 否 NO
100	请提供此疾病的所有求诊记录及治疗详情 Please provide all the consultation history and details of this illness.		生/医院名称 ume of Physician/Hospital	诊断 <u>Diagnos</u>	治疗详情 Treatment Details

CLM-F003b (01/2015) 第1页,共2页

11. 中风事故之因由 Exact cause of the incident	□ 脑组织梗塞 Infarction of brain tissue □ 蛛网膜下腔出血 Subarachnoid haemorrhage □ 脑血栓 Cerebral thrombosis □ 其他,请注明 Others, please spec	cify	
12. 脑部症状是否因下列引致? Is the cerebral symptom due to the following? (a) 短暂性脑缺血 Transient Ischaemic Attacks	(a) □ 是 YES	□ 否 NO	
(b) 因意外事件或受伤、感染、血管炎及炎症性疾病引致的脑部受损 Brain damage due to an Accident or injury, infection, vasculitis, and inflammatory disease	(b) □ 是 YES	□ 否 NO	
(c) 引致视觉神经疾病或影响眼睛的血管疾病 Vascular disease affecting the eye or optic nerve	(c) □ 是 YES	□ 否 NO	
(d) 前庭系统缺血疾病 Ischaemic disorders of the vestibular system	(d) □ 是 YES	□ 否 NO	
(e) 其他颅外因素 Other extracranial source	(e) □ 是 YES	□ 否 NO	
13. 有否进行磁力共振扫描或计算机断层扫描以确定此病? Has any imaging investigation or laboratory examination done e.g MRI or CT brain?	□ 是 YES, 请提供详情及检验报告 Please provide details and laboratory report	□ 否 NO	
14. 有否引起任何神经功能损害? Is there any neurological deficit(s) resulted?	□ 是 YES, 请提供详情 Please provide details	□ 否 NO	
(a) 神经功能损害的详情及对病人的影响 Details of neurological deficit(s) and its impact on patient.	(a)		
(b) 此神经功能损害由病发起持续了多久? How long has the neurological deficit(s) lasted from the date of onset?	(b)		
(c) 此神经功能损害是否不可复原? Are the neurological deficit(s) irreversible?	(c) □ 是 YES	□ 否 NO	
(d) 此神经功能损害是否永久性? Are the neurological deficit(s) permanent?	(d) □ 是 YES	□ 否 NO	
(e) 是否经脑神经专科医生确诊? Is it confirmed by a neurologist?	(e) □ 是 YES 脑神经专科医生的姓名 Name of the neurologist	□ 否 NO	
15. 所有诊断检验的详情及结果 (请提供所有诊断及化验报告) Details of all diagnostic tests performed and the result. (Please enclose copies of all diagnostic test and laboratory reports.)	检验日期 Test Date 检验项目 Test Item 结果 Result		
16. 病人过往有否右列之病历/ 习惯? Has the patient ever had the medical illness(es) or the habit(s) as listed on the right column?	□ 否 NO □ 是 YES, 请在适当位置划上剔号并提供详情 Please tick where it is appropriate and give details □ 心脏病 Cardiac problem □ 高血压 Hypertension □ 高血脂 Hyperlipidaemia □ 糖尿病 Diabetes mellitus □ 乙型肝炎 Hepatitis B □ 人类免疫力缺乏病毒感染 HIV infection □ 曾接受手术 Previous operation □ 滥用药物 Drug addiction □ 吸烟习惯 Smoking habit □ 饮酒习惯 Drinking habit □ 其他严重、慢性或先天性疾病 Other major, chronic or congenital illness 详情 Details: 诊断日期及医生名称 Diagnosis date and name of physician 病历之现况 Current condition of the above medical history □ 完全康复 Fully recovered □ 治疗中 On Treatment		
本人谨此声明曾为此病人作出诊治,而据本人所知所信	吸烟/饮酒习惯于 Smoking/ Drinking habit since年/月/	∃(YY/MM/DD)	
I hereby certified that I did personally treat this patient and that the answers given above are all true to the best of my knowledge and belief.			
主诊/专科医生的姓名(资历) Name of Attending Physician/Specialist (with qualification	地址 Address		
主诊/专科医生签名 (盖印) Signature of Attending Physician/Specialist (with chop)	日期 Date		

CLM-F003b (01/2015) 第2页,共2页