乙部 - 危疾 — 急性心肌梗塞
PART II – CRITICAL ILLNESS – HEART ATTACK
(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)

病人姓名 Name 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 ☐ 否 NO 医疗纪录自 Medical records since _____ (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 ☐ 否 NO 转介医生的姓名和地址 Name and address of the referral physician _____
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. 首次求诊的病征及病征出现日期 Symptoms presented and date of onset during the first consultation	病征 Symptoms _____ 病征出现日期 Symptoms 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 was the patient informed of the diagnosis?	日期 Date _____ (年/月/日) (YY/MM/DD) 医生姓名 Name of physician _____
8. 病人曾否患有相关疾病? Has the patient previously suffered from related condition of this illness?	☐ 是 YES，请提供详情 Please provide details ☐ 否 NO 日期 Date / 医生/医院名称 Name of Physician/Hospital / 诊断 Diagnosis / 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，请提供详情 Please provide details ☐ 否 NO
10. 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.	日期 Date / 医生/医院名称 Name of Physician/Hospital / 诊断 Diagnosis / 治疗详情 Treatment Details

11. 请提供此疾病的详情:
Please provide the details of this illness:

(a) 病发日期
Date of Attack

(a) _____ (年/月/日) (YY/MM/DD)

(b) 有否典型的胸痛病历?
Was there a history of typical chest pain?

(b) ☐ 是 YES, 请提供详情 Please provide details ☐ 否 NO

(c) 心电图报告有否显示新近具急性心肌梗塞特征的变化?
Were there any new characteristic ECG changes indicating a recent acute myocardial infarction at the time of the relevant cardiac incident?

(c) ☐ 是 YES, 请提供详情 Please provide details ☐ 否 NO
心电图测试日期 ECG Date _____ (年/月/日) (YY/MM/DD)
变化详情 Details of ECG Change:

(d) 心脏酵素或肌钙蛋白有否升高?
Was there elevation of cardiac enzymes or troponin?

(d) ☐ 是 YES, 请提供详情 Please provide details ☐ 否 NO

检验日期 Test Date	检验项目 Test Item	結果 Result

(e) 有否引致心脏肌肉坏死?
Was there death of a portion of heart muscle resulted?

(e) ☐ 是 YES, 请提供详情 Please provide details ☐ 否 NO
位置 Location _____
原因 Underlying Cause:

12. 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	結果 Result

13. 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
- ☐ 滥用藥物 Drug addiction
- ☐ 吸烟习慣 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
☐ 完全康復 Fully recovered ☐ 治疗中 On Treatment _____
吸烟/饮酒习惯于 Smoking/ Drinking habit since _____年/月/日(YY/MM/DD)

本人谨此声明曾为此病人作出诊治，而据本人所知所信，以上填报的各项答案均属正确。
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 qualifications)	地址 Address
主诊/专科医生签名 (盖印) Signature of Attending Physician/Specialist (with chop)	日期 Date