

意外/醫療費用 – 主診醫生報告 (此欄須由受保人之主診醫生填寫)**Accidental/Medical Expenses – Attending Physician Statement (To be completed by the insured's attending doctor of the insured's cost)**

病人姓名 _____ 香港身份證號碼 _____ 年齡 _____ 性別 _____ 男 女
 Full name of Patient _____ HK Identity Card No. _____ Age _____ Sex _____ M / F

Q1. 請提供以下有關病況資料**About the medical conditions. Please state**

1a. 診斷日期 _____ 由 _____ 至 _____
 Treatment Period _____ from _____ to _____

1b. 最後診斷
 Please state the exact final diagnosis

1c. 導致上述最終診斷之原因是甚麼?
 What are the cause of the above final diagnosis?

1d. 上述診斷期間曾接受之檢查、治療手術項目及結果:
 Investigations, treatment, therapy, surgical procedures done and result during the above mentioned treatment period:

1e. 請於下面列出病人曾就此病況而求診、住院或接受手術及治療之有關紀錄及詳情。
 Please list all medical consultations, hospital confinement, surgical procedure and course of medical therapy relating to the disability/illness.

日期/期間 Date/Period	主要治療項目 Type of medical	詳情 Treatment Details
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Q2. 請提供以下有關病歷資料**About the medical history. Please state**

2a. 在是次求診日期前，病人有否在台端執業之診所/醫院診治有關上述病況之紀錄？如有，病人始自何時求診？
 Prior to this consultation/hospitalization, did patient first consult you/your hospital for the related signs and symptoms? And when was the first consultation?

否 No 有 Yes，第一次求診日期始自 the first consultation was since _____

2b. 病人在第一次求診之主要病徵為何？
 What sign(s) and symptom(s) was/were the patient aware of at the first consultation?

2c. 根據病人自述，上述病徵在求診前出現多久？
 According to the patient, for how long had such symptom(s) persisted before the first consultation?

2d. 在第一次求診時，病徵已持續了 _____ 日 _____ 月 _____ 年
 Prior to the first consultation, such symptoms(s) had persisted for _____ day(s) _____ month(s) _____ years(s)

2e. 病人是否由另一位醫生/醫院轉介台端作進一步治療？如是，請列出姓名：
 Was the patient referred to you by another doctor/hospital for further management? If so, please state name of referral doctor/hospital:

否 No 有 Yes，該醫生/醫院為 the name of referral doctor/hospital

Q3. 如上述之徵狀是由意外所導致，請提供詳述
If the sign(s) and symptom(s) mentioned above were caused by an accident, please provide details

意外詳情 Accident Details

意外發生日期 Accident Date (YY/MM/DD) _____ 時間 Time _____ 地點 Place of the accident happened _____

- 3a. 請詳述意外是如何發生。 Please give the circumstances of the accident in details.
- 3b. 請問傷者在首次求診時，受傷部位有否可見明顯外傷？
Any external visible signs of bodily injury were revealed at the 1st consultation? Please give details.
- 3c. 請問傷者在首次求診時，受傷部位表面有否可見之瘀傷、傷口或擦損？
Any evidence of external bruise, wound or abrasion was revealed at the 1st consultation?
- 3d. 請問受傷部位有否引致任何併發症？ Did injured area accompany with any complications?

Q4. 如上述疾病/意外而需要住院，請提供詳述
If the illness/injury required to Hospitalization, please provide details

住院詳情 Hospitalization Details

住院日期 Hospitalization Period if 由 from _____ 至 To _____

- 4a. 是次住院是否醫療需要？
Was the hospitalization/treatment medically necessary?
 否 No 是 Yes，如是，住院原因 If yes, reason for this hospitalization _____
- 4b. 在住院期間，病人有否請假外出？
During hospitalization period, did the patient have any home leave period?
 否 No 是 Yes，請假外出期 the home leave period is 由 from _____ 至 to _____
請假原因是 Home Leave Reason is _____

Q5. 如此病與下列情況有關，請註明：
Please indicate if the medical condition and its subsequent treatment are associated with the followings:

- 先天性不正常情況不育或絕育情況 Congenital anomalies, infertility or sterilization
- 牙科治療，身體檢查 Dental care, general check up
- 受酒精或藥物影響 Under the influence of drugs or alcohol
- 休養，復康或延續護理 Rest cure, rehabilitation, convalescence or extended care
- 不論在神智清醒與否下之自我損傷或自殺行為 Self-inflicted injuries or suicidal attempt while sane or insane
- 心理，精神病科 Mental, psychiatric problems
- 懷孕或由此引發之病況 Pregnancy conditions or any related complications
- 整形外科手術 Cosmetic/Plastic surgery
- 不是上述任何一個 None of the above

請提供其他有助審核本索償個案之資料 Is there any further information you want to supplement to us in assessing the claim?

醫生簽署 Signature of Physician _____

醫院/醫生蓋印 Hospital/Physician Stamp _____

醫生姓名 Physician Name in Block _____

簽署日期 Date Signed _____

註診地址 Clinic Address of Physician _____