

主診醫生報告 (此欄須由受保人在住院期間之主診醫生填寫, 而費用須由受保人負責)
Attending Physician Statement (To be completed by the insured's attending doctor at the insured's cost)

病人姓名 _____ 香港身份證號碼 _____ 年齡 _____ 性別 _____
Full name of Patient _____ HKID Card No. _____ Age _____ Sex _____

1. 求診資料 Consultation Information

診斷日期 由 _____ 至 _____
Treatment Period from _____ to _____

1.1 病況診斷
Diagnosis of conditions _____

1.2 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: _____

2. 有關上述病況之資料 History of Consultation

2.1 在是次求診日期前, 病人有否在台端執業之診所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, did patient first consult you for the related signs and symptoms? And when was the first consultation?
 否 有, 第一次求診日期始自 _____
NO YES, the first consultation was since _____

2.2 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? _____

2.3 如上述之徵狀是由意外所導致,
If the sign(s) and symptom(s) mentioned above were caused by an accident,
i) 意外發生日期、時間、地點。
Accident Date _____ (YY/MM/DD) Time _____ Place of the accident happened _____
ii) 請詳述意外是如何發生。
Please give the circumstances of the accident in details _____
iii) 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. _____

2.4 據病人自述, 上述病徵在求診前出現多久? _____ (年/月/日)
According to the patient, for how long had such symptoms(s) persisted before the first consultation? _____ (YY/MM/DD)

2.5 據你的診治, 在第一次求診時, 病徵已持續了 _____ (年/月/日)
In your opinion, prior to the first consultation, such symptoms(s) had persisted for _____ (YY/MM/DD)

2.6 病人是否由另一位醫生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 for further management? If so, please state name of referral doctor:
 否 有, 該醫生為 _____ 轉介理由 _____
NO YES, the name of referral doctor is _____ Reason of referral: _____

2.7 就上述病況, 病人有否住院?
Was hospitalization required?
 是 住院日 由 _____ 至 _____ 住院原因 _____
YES Hospitalization Period is from _____ to _____ Reason for this hospitalization _____
 否 病人不需要住院接受治療
NO The patient does not require to stay at hospital for treatment

2.8 如有轉介予專科診治, 請提供專科醫生之姓名及治療詳情:
If you have recommended the patient for specialists's opinion (other than attending physician), please give specialist name & nature of treatment provided: _____

2.9 在住院期間, 病人有否請假外出? 否 有, 請假外出日期 由 _____ 至 _____
During hospitalization period, did the patient have any home leave taken? NO YES, the home leave period is from _____ to _____
原因是 _____
Reason is _____

2.10 請指出上述病況是否與下列情況有關:
Please indicate if the medical condition and its subsequent treatment are associated with the followings:
是 / 否 先天性不正常情況、不育或絕育情況 是 / 否 牙科治療, 身體檢查
YES / NO Congenital anomalies, infertility or sterilization YES / NO Dental care or general check up
是 / 否 受酒精或藥物影響 是 / 否 休養、復康、療養或延續護理
YES / NO Under the influence of drugs or alcohol YES / NO Rest cure, rehabilitation, convalescence or extended care
是 / 否 不論在神智清醒與否下之自我損傷或自殺行為 是 / 否 心理或精神病科
YES / NO Self-inflicted injuries or suicidal attempt while sane or insane YES / NO Mental or psychiatric problems
是 / 否 懷孕或由此引發之病況 是 / 否 美容, 整形外科手術
YES / NO Pregnancy conditions or any related complications YES / NO Cosmetic or Plastic surgery

醫生簽署 _____ 醫院/醫生蓋印 _____
Signature of Physician _____ Hospital/Physician Stamp _____
醫生姓名 _____ 簽名日期 _____
Physician Name in Block _____ Date Signed _____
診所地址 _____
Clinic Address of Physician _____

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