

**Critical Illness - Attending Physician Statement (To be completed by the insured's attending doctor of the insured's cost)**  
**危疾 - 主診醫生報告 (此欄須由受保人之主診醫生填寫)**

Full name of Patient \_\_\_\_\_ HK Identity Card No. \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_  
病人姓名 香港身份證號碼 年齡 性別

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

- 1a. Please state the exact final diagnosis 最後診斷  
\_\_\_\_\_
- 1b. When was the above diagnosis date? 診斷日期在何時?  
\_\_\_\_\_
- 1c. Stage / degree / severity of the illness and extent of area / organ affected  
詳細病情(包括病情階段/嚴重程度與影響所及之部位、器官或機能)  
\_\_\_\_\_  
\_\_\_\_\_
- 1d. What is the prognosis? According to your professional opinion, does the illness pose life threatening signs or result in any permanent / irreversible loss of function? 根據台端之專業意見，病人今後病情展望如何？病人之生命會否因此病遭受威脅，或造成任何永久性之身體機能喪失？  
\_\_\_\_\_  
\_\_\_\_\_
- 1e. Please list all medical consultations, hospital confinement, surgical procedure and course of medical therapy relating to the illness.  
請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。

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

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

- 2a. When did the first consultation take place for the related signs and symptoms? 病人何時開始就有關病徵求診？  
\_\_\_\_\_
- 2b. What sign(s) and symptom(s) was/were being aware of at the onset of the disability? 病發時有哪些主要徵狀？  
\_\_\_\_\_
- 2c. According to the patient, for how long had such symptom(s) persisted before the first consultation?  
根據病人自述，上述病徵持續了多久才首次求醫？  
\_\_\_\_\_

2d. Was the patient referred to you by another doctor for further management? If so, please state the name of referral doctor  
病人是否由另一位醫生轉介台端作進一步治療? 如是, 請提供轉介醫生之姓名

If the final diagnosis was Cancer, Carcinoma in situ, Stroke or Myocardial infarction, please fill in respective sections of following Q3, Q4 or Q5 如確診為癌症, 原位癌, 中風或心肌梗塞, 請填寫 Q3, Q4 或 Q5

**Q3. Cancer 癌症/Carcinoma-in situ 原位癌**

3a. What was the origin of the tumor? 腫瘤的原發位置?

3b. Was there any lymph node involvement and to what extent of the lymph node? 腫瘤有否擴散至淋巴系統及入侵之程度?

3c. Was there any invasion of adjacent tissue or distant metastases? If so, please expound  
是否穿透基膜或入侵鄰近組織? 是否有遠處轉移? 如有, 請詳述

3d. What is the staging of the claimed Cancer or Carcinoma-in-situ? 腫瘤的級別?

**Q4. Myocardial infarction 心肌梗塞**

4a. Please describe if there is any abnormal findings for the first electrocardiogram done after the onset of the disorder? 請詳述在確診之首次心電圖有否異常發現?

4b. Is the current episode the first attack of its kind? 是次之病發是否為首次? No 否  Yes 是

When was the first attack 何時病發? \_\_\_\_/\_\_\_\_/\_\_\_\_(DD/MM/YYYY)

The duration of the first attack is 病發多久? \_\_\_\_/\_\_\_\_(Min/Sec) (分鐘/秒)

Can the chest pain be relieved by rest or medication? Please expound 是次之胸痛可否由藥物控制或自然痊癒? 請詳述

4c. Is there any diagnostic elevation of cardiac enzymes? If so, please provide the following:

心肌酶素有否升高? 如有, 請提供心肌酶素之名稱及心肌酶素升高指數如下:

Enzyme Name	Normal Level	Increased Level
_____	_____	_____
_____	_____	_____
_____	_____	_____

4d. Is there any death of a portion of heart muscle? 有否引致心臟肌肉壞死?

**Q5. Stroke 中風**

5a. Was there any neurological symptom lasting more than 24 hours? If yes, please expound  
有否神經症狀出現並持續 24 小時以上？如有，請詳述

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5b. Is there any permanent neurological deficit, including but not limited to permanent loss of motor or sensory function or loss of speech? Please provide details 是次中風有否引發永久性神經性受損，包括但不限於永久性喪失運動或感覺功能或喪失語言？請詳述

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5c. Was the condition due to transient ischemic attacks? 是次病況是否由短暫性腦缺血引起？

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5c. What tests (such as ECG, MRI or CT scan etc) was done to confirm the illness? Please elaborate the test results 由哪種檢查(如心電圖，磁力共振，電腦掃描或其他)確診有關病況？請詳述檢查結果

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**Q6. Please attach copy of pathological/laboratory report relating to the said disorder.  
請提供有關此病況之病理/化驗報告**

**Q7. Please indicate if the illness is associated with the followings: 如此病與下列情況有關，請註明：**

- Congenital disease 先天性疾病  Under the influence of drugs or alcohol 受酒精或藥物影響
- Self-inflicted injuries or suicide while sane or insane  AIDS 後天免疫力缺乏病  
不論在神志清醒與否下之自我損傷或自殺行為
- None of the above 不是上述任何一個

Any further information you want to supplement to us in assessing the claim. 其他有助審核本案個案之資料。

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Signature of Physician  
醫生簽署

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Hospital/Physician Stamp  
醫院/醫生蓋印

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醫生姓名  
Physician Name in Block

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簽署日期  
Date Signed

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駐診地址  
Clinic Address

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