

Part II - Medical Certificate (to be completed by the Attending Physician, duly qualified and registered, at claimant's own expense) in relation to :

第二部份 - 醫療報告 (由索償人自費聘請主診註冊西醫填寫) 有關於 :

<p>Aplastic Anaemia Bone marrow failure which results in anaemia, neutropenia and thrombocytopenia requiring treatment with at least one of the following:</p> <p><input type="checkbox"/> blood product transfusion <input type="checkbox"/> marrow stimulating agents <input type="checkbox"/> immunosuppressive agents <input type="checkbox"/> bone marrow transplantation.</p> <p>障礙性貧血 骨髓機能衰竭引致貧血、中性白血球減少或血小板減少，令受保人需進行下列最少1項的治療：</p> <p><input type="checkbox"/> 輸入血液產品 <input type="checkbox"/> 骨髓刺激劑 <input type="checkbox"/> 免疫抑制劑 <input type="checkbox"/> 骨髓移植</p>
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Name of Patient 病人姓名	ID / Passport No. 身份證 / 護照號碼	Age & Sex 年齡及性別
<p>1. Are you the patient's usual physician? 你是否病人慣常求診的醫生?</p> <p><input type="checkbox"/> Yes, medical records date back to 是，醫療紀錄可溯至 _____ (DD/MM/YY) 日/月/年 <input type="checkbox"/> No 不是</p>		
<p>2. When were you first consulted for this or related illness? 病人首次因相同或相關病症向閣下求診的日期?</p> <p>_____ (DD/MM/YY) 日/月/年 Symptoms presented were: 病徵包括: _____</p>		
<p>3. According to the patient, how long had he / she been experiencing these symptoms before the first consultation? 根據病人所提供的資料，病人在首次求診前，其病徵已存在多久?</p> <p>Since _____ (DD/MM/YY) OR for _____ day(s) _____ month(s) _____ year(s) 從 _____ 日/月/年 或 已存在 _____ 日 _____ 月 _____ 年</p>		
<p>4. (a) Clinical diagnosis 臨床診斷</p> <p>(b) When was it made? 何時確實這診斷? _____ (DD/MM/YY) 日/月/年</p> <p>(c) When was the patient informed of the clinical diagnosis? 病人何時被醫生告知其所患的臨床病症及診斷? _____ (DD/MM/YY) By (name & address of physician): _____ 日/月/年 由 (醫生姓名及地址)</p> <p>(d) How long, in your opinion, has the patient suffered from this illness before his / her first consultation? 根據閣下的意見，病人在接受第一次診療之前，該病症已持續了多久?</p>		
<p>5. (a) Final diagnosis 最後診斷</p> <p>(b) Date of final diagnosis: 最後診斷日期 _____ (DD/MM/YY) 日/月/年</p> <p>(c) When was the patient informed of the diagnosis? 病人何時被醫生告知其所患的病症及診斷? _____ (DD/MM/YY) By (name & address of physician): _____ 日/月/年 由 (醫生姓名及地址):</p>		
<p>6. Please provide full details of the diagnosis and its clinical basis. 請提供所有診斷及臨床診斷的詳情</p>		
<p>7. Was the patient referred to you from other physician(s)? 病人是否由其他醫生轉介?</p> <p><input type="checkbox"/> Yes, _____ (DD/MM/YY) By (name & address of physician): _____ <input type="checkbox"/> No 不是 是， _____ 日/月/年 由 (醫生姓名及地址):</p>		
<p>8. Is there any patient's family history which would increase the risk of this illness? 病人是否因其任何的家族病史而增加患上此疾病的機會?</p> <p><input type="checkbox"/> Yes, please provide details: 有，請詳述: _____ <input type="checkbox"/> No 沒有</p>		



9. Has the patient ever been treated for the **same/related conditions**? 病人有否曾經接受**相同/相關**的病症治療?

Yes, please provide details : 有, 請詳述: No 沒有

<u>Consultation Dates</u> (DD/MM/YY) 就診日期	<u>Physician / Hospital</u> 醫生/ 醫院全名	<u>Diagnosis</u> 診斷	<u>Treatment and Investigation Results / Hospitalization</u> 任何醫療診治及檢查結果 / 住院詳情

10. Does the patient smoke cigarette? 病人是否有吸煙習慣?

Yes, has been smoking since 有, 由 _____ | _____ | _____ | (DD/MM/YY) 日/月/年開始吸煙 No 沒有

Ex-smoker, started on _____ | _____ | _____ | (DD/MM/YY), ceased on _____ | _____ | _____ | (DD/MM/YY)
前吸煙者, 開始於 _____ (日/月/年), 於 _____ (日/月/年) 停止

11. All consultants, specialists and hospitals to which your patient has been referred to or attended for this illness
病人因此病症而曾接受過診治的, 或曾被轉介過的所有醫生 (普通科及專科) 和醫院的名稱

<u>Consultation Dates</u> (DD/MM/YY) 就診日期	<u>Physician / Hospital</u> 醫生/ 醫院全名	<u>Diagnosis</u> 診斷	<u>Treatment and Investigation Results / Hospitalization</u> 任何醫療診治及檢查結果 / 住院詳情

12. Please describe the severity of the patient's bone marrow failure **and** advise if it resulted in anaemia, neutropenia and thrombocytopenia of this patient?
請詳述病人骨髓機能衰竭的嚴重程度 **及** 有否引致貧血、中性白血球減少或血小板減少。

13. What was the underlying cause(s) leading to aplastic anaemia of this patient? Please advise the cause(s) in details.
什麼原因引致病人的障礙性貧血? 請詳述原因。

14. What is/are the reading of the followings: 請提供下列各項的讀數:

(i) Haemoglobin levels
血色素 _____

(ii) Red blood cell counts
紅血球細胞指數 _____

(iii) White blood cell counts
白血球細胞指數 _____

(iv) Platelet counts
血小板 _____

(b) Please provide a copy of the diagnostic test results for our reference, if any. 請提供有關診斷檢驗報告副本。

15. Which of the following treatments is/are provided to the patient? Please describe the extent of the treatment given.
病人是否需要接受以下治療? 請述治療詳情。

(a) Blood product transfusion
輸入血液產品 _____

(b) Marrow stimulating agents
骨髓刺激劑 _____

(c) Immunosuppressive agents
免疫抑制劑 _____

(d) Bone marrow transplantation
骨髓移植 _____

16. What tests were performed to confirm the diagnosis? (Please enclose copies of all laboratory reports and relevant medical reports that are available)
有什麼檢驗結果讓閣下能確定此診斷? (請提供有關檢驗報告及醫療報告副本)

<u>Test Date</u> (DD/MM/YY) 檢驗日期(日/月/年)	<u>Test Item</u> 檢驗項目	<u>Result / Diagnosis</u> 結果/診斷

17. Other additional information for the current diagnosis 其他有關此診斷結果之額外資料

Name of Physician _____ 醫生姓名 Hospital Name (if applicable) _____ 醫院名稱(如適用) Address _____ 地址 Signature & Hospital/ Physician's Chop _____ 醫院/ 醫生簽署及蓋印	Qualification _____ 資歷 Telephone No. _____ 聯絡電話 Date (DD/MM/YY) _____ 日期(日/月/年)
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