

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 :

Carcinoma-in-situ of Breast or Cervix Uteri

Focal autonomous new growth of carcinomatous cells which has not yet resulted in the invasion of normal tissues. "Invasion" means an infiltration beneath the epithelial basement membrane. Carcinoma-in-situ is limited only to Cervix Uteri (which must be at a grading of not less than Carcinoma-in-situ CIN III) and Breast. The Carcinoma-in-situ must always be positively diagnosed upon the basis of a microscopic examination of fixed tissue from a biopsy, and in the case of the cervix uteri by cone biopsy or colposcopy with cervical biopsy. Clinical diagnosis alone will not meet this standard.

乳房或子宮頸原位癌

癌細胞的局部自行生長而沒有浸潤正常組織。「浸潤」是指浸潤透過上皮基膜。原位癌只限於發生在子宮頸(程度不低於CIN III)及乳房。原位癌必須由活組織檢查經顯微鏡檢查固定組織診斷為陽性,如屬子宮頸,需進行宮頸錐形活組織檢查或以陰道鏡作子宮頸活組織檢查。單憑臨床診斷將不足以符合本準則。

Name of Patient 病人姓名	ID / Passport No. 身份證 / 護照號碼	Age & Sex 年齡及性別
1. Are you the patient's usual physician? 你是否病人慣常求診的醫生?		
<input type="checkbox"/> Yes, medical records date back to is, 醫療紀錄可溯至 _____ _____ _____ (DD/MM/YY) 日/月/年 <input type="checkbox"/> No 不是		
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?		
_____ _____ _____ (DD/MM/YY) 日/月/年 Symptoms presented were: 病徵包括: _____		
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?		
Since _____ _____ _____ (DD/MM/YY) OR for _____ day(s) _____ month(s) _____ year(s) 從 _____ 日/月/年 或 已存在 _____ 日 _____ 月 _____ 年		
4. (a) Clinical diagnosis 臨床診斷		
(b) When was it made? 何時確實這診斷? _____ _____ _____ (DD/MM/YY) 日/月/年		
(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)		
(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?		
5. (a) Final diagnosis 最後診斷		
(b) Date of final diagnosis: 最後診斷日期 _____ _____ _____ (DD/MM/YY) 日/月/年		
(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):		
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		
7. Was the patient referred to you from other physician(s)? 病人是否由其他醫生轉介?		
<input type="checkbox"/> Yes, _____ _____ _____ (DD/MM/YY) By (name & address of physician): _____ 是, _____ 日/月/年 由 (醫生姓名及地址): <input type="checkbox"/> No 不是		
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?		
<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？</p> <p><input type="checkbox"/> Yes, please provide details : 有，請詳述：<input type="checkbox"/> No 沒有</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 25%;"><u>Consultation Dates (DD/MM/YY)</u> 就診日期 日/月/年</td> <td style="width: 25%;"><u>Physician / Hospital</u> 醫生/ 醫院全名</td> <td style="width: 25%;"><u>Diagnosis</u> 診斷</td> <td style="width: 25%;"><u>Treatment and Investigation Results / Hospitalization</u> 任何醫療診治及檢查結果 / 住院詳情</td> </tr> </table>				<u>Consultation Dates (DD/MM/YY)</u> 就診日期 日/月/年	<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
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<p>10. Does the patient smoke cigarette? 病人是否有吸煙習慣？</p> <p><input type="checkbox"/> Yes, has been smoking since 有，由 ____ ____ ____ (DD/MM/YY) 日/月/年開始吸煙 <input type="checkbox"/> No 沒有</p> <p><input type="checkbox"/> 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</p>							
<p>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</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 25%;"><u>Consultation Date (DD/MM/YY)</u> 就診日期 日/月/年</td> <td style="width: 25%;"><u>Physician / Hospital</u> 醫生/ 醫院全名</td> <td style="width: 25%;"><u>Diagnosis</u> 診斷</td> <td style="width: 25%;"><u>Treatment and Investigation Results / Hospitalization</u> 任何醫療診治及檢查結果 / 住院詳情</td> </tr> </table>				<u>Consultation Date (DD/MM/YY)</u> 就診日期 日/月/年	<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
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<p>12. Is there any invasion of carcinomatous cells to normal tissue?: 癌細胞有否浸潤到其他正常的組織？</p> <p><input type="checkbox"/> Yes, please provide full details: 有，請詳述: <input type="checkbox"/> No 沒有</p>							
<p>13. What is the staging of Carcinoma-in-situ of the diagnosis made in Question 5? (for cervix uteri only) 上述第5題中的原位癌被界別為第幾級別？(只限於子宮頸)</p>							
<p>14. What is the prognosis of the patient? 病人現時進展及狀況</p>							
<p>15. 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)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><u>Test Date (DD/MM/YY)</u> 檢驗日期(日/月/年)</td> <td style="width: 33%;"><u>Test Item</u> 檢驗項目</td> <td style="width: 33%;"><u>Result / Histopathological Diagnosis</u> 結果/ 病理組織診斷</td> </tr> </table>				<u>Test Date (DD/MM/YY)</u> 檢驗日期(日/月/年)	<u>Test Item</u> 檢驗項目	<u>Result / Histopathological Diagnosis</u> 結果/ 病理組織診斷	
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<p>16. Other additional information for the current diagnosis 其他有關此診斷結果之額外資料</p>							
<p>Name of Physician _____ 醫生姓名</p>		<p>Qualification _____ 資歷</p>					
<p>Hospital Name (if applicable) _____ 醫院名稱(如適用)</p>		<p>Telephone No. _____ 聯絡電話</p>					
<p>Address _____ 地址</p>							
<p>Signature & Hospital/ Physician's Chop _____ 醫院/ 醫生簽署及蓋印</p>		<p>Date (DD/MM/YY) _____ 日期 (日/月/年)</p>					

