

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:

**Chronic Liver Disease**

End stage liver disease as evidenced by all of the following:

- permanent jaundice  
 ascites  
 encephalopathy

This Major Disease Condition does not cover liver disease secondary to alcohol or drug misuse.

**慢性肝病**

末期肝病，並具備下列所有證明：

- 永久性黃疸  
 腹水  
 腦病

本嚴重病況不包括由酒精或濫用藥物引致的肝病。

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 dated back to 是，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 his/her illness(es)? 病人首次因此疾病向閣下求診的日期是那日? _____ (DD/MM/YY) (日/月/年) Presenting signs & symptoms 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，已經歷其病狀多久? 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? 何時確診這診斷? _____ (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) (日/月/年) by (name & address of physician) 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 最終診斷日期 _____ (DD/MM/YY) (日/月/年) (c) When was the patient been 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) (日/月/年) By (name & address of physician) 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, 是 _____ (DD/MM/YY) (日/月/年) <input type="checkbox"/> No 不是 By (name & address of physician) 由(醫生姓名及地址): _____		

8. 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 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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9. 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?

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

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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

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

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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 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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12. Please provide the dates and results of the latest liver function test  
請提供最近的肝功能測試結果及進行日期

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13. Has the pateint's liver disease reached end stage?  
病人的肝病是否已到達末期?

Yes, please describe the extent of the disease with the following evidence presented  No 不是  
是, 請詳述病情是否具備下列證明

(a) Permanent jaundice     Yes, evidence(s) is / are:  No 沒有  
永久性黃疸                有, 證明是:

(b) Ascites                     Yes, evidence(s) is / are:  No 沒有  
腹水                         有, 證明是:

(c) Encephalopathy         Yes, evidence(s) is / are:  No 沒有  
腦病                         有, 證明是:

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14. (a) What is/are the underlying cause(s) leading to chronic liver disease of this patient?  
甚麼原因引致病人的慢性肝病?

(b) Was the patient's chronic liver disease secondary to alcohol or drug misuse?  
病人的慢性肝病是否由誤用酒精或藥物所引起?

Yes, please provide details.:  No 不是  
是, 請詳述

Types 種類	<input type="checkbox"/> Alcohol 酒精	<input type="checkbox"/> Drug 藥物
Consumption Pattern / Dosage 服用習慣 / 劑量		

No. of years consumption  
服用年期

Was it on prescription?  
是否經處方?

15. Has liver transplantation been planned? If so, what is the approximate date?  
病人有否計劃進行肝臟移植? 如有的話, 預計將於何時進行?

Yes 有

No 沒有

The transplantation will be taken place around \_\_\_\_\_ (DD/MM/YY) performed at \_\_\_\_\_ (place)  
移植手術大約於 \_\_\_\_\_ (日/月/年) 在 \_\_\_\_\_ (醫院/地點) 進行

16. What is the prognosis of the patient?  
病人現時進展及狀況

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

Name of Attending Physician \_\_\_\_\_  
主診醫生姓名

Qualification \_\_\_\_\_  
專業資格

Hospital Name (if applicable) \_\_\_\_\_  
醫院名稱(如適用)

Telephone No. \_\_\_\_\_  
電話號碼

Address \_\_\_\_\_  
地址

Signature & Hospital/ Physician's Chop \_\_\_\_\_  
醫院/ 醫生簽署及蓋印

Date (DD/MM/YY) \_\_\_\_\_  
日期(日/月/年)