CRISIS COVER CLAIM FORM 危疾理賠申請書 Policy No. 保單號碼 _____

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 :

Fulminant Viral Hepatitis
This involves a submassive to massive necrosis of the liver caused by viral hepatitis leading precipitously to liver failure, excluding drug and alcohol abuse as certified by a Registered Doctor. The diagnostic criteria which is required to be met are:
☐ a rapidly decreasing liver size; and
☐ necrosis involving entire lobules, leaving only a collapsed reticular framework; and
☐ rapidly degenerating liver function tests; and
☐ deepening jaundice.

暴發性病毒肝炎
由病毒性肝炎引起的亞全部或全部肝臟壞死，導致突發性肝衰竭，但不包括由註冊醫生證明因藥物及酒精濫用引致的情況，並須符合下列的診斷標準：
☐ 肝臟急劇縮小；及
☐ 整塊肝葉壞死，只餘下萎陷的網狀支架；及
☐ 肝功能測試急劇退化；及
☐ 黃疸加深。

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?
☐ Yes, medical records date back to 是，醫療紀錄可溯至 |_____|_____|_____| (DD/MM/YY) 日/月/年 ☐ 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**?
☐ Yes, 是， |_____|_____|_____| (DD/MM/YY) 日/月/年 By (name & address of physician): 由 (醫生姓名及地址) : _____ ☐ No 不是

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

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

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

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

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

12. (a) Is there any necrosis of the liver? 肝臟有否出現壞死?

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

(b) What is the extent of the liver necrosis? Is it massive or submassive? 病人的肝臟壞死屬於亞全部還是全部? 及其程度如何??

☐ Massive, evidence(s) is / are 全部, 證明是:
☐ Submassive, evidence(s) is / are 亞全部, 證明是:

(c) Please specify the extension of necrosis in terms of lobules involvement (entire or partial lobules, and if leaving a collapsed reticular framework).
請依據肝葉受影響範圍 (如整塊或部分肝葉，及只餘下萎陷的網狀支架) 以詳述肝臟壞死的程度。

(d) What is/are the cause(s) leading to the liver necrosis of this patient? 什麼原因引致病人的慢性肝臟壞死?

(e) Please enclose copies of all laboratory reports and relevant medical reports (請提供有關檢驗報告及醫療報告副本)。

13. Was the patient's liver failure secondary to alcohol or drug misuse? 病人的肝衰竭是否由誤用酒精或藥物所引起?

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

☐ Alcohol 酒精 ☐ Drug 藥物

Types 種類

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?

14. Please describe the extent of the disease with the following evidence presented? (Please enclose copies of all laboratory reports and relevant medical reports).
請詳述病情是否具備下列證明 (請提供有關檢驗報告及醫療報告副本).

(a) Rapid decrease in liver size
肝臟急劇縮小
☐ Yes, evidence(s) is / are (e.g. size before and after the disease) :
有，證明是 (如病發前後肝臟的大小):
☐ No 沒有

(b) Rapid degeneration of liver function test
肝功能測試急劇退化
☐ Yes, evidence(s) is / are (e.g. liver function test results)
有，證明是 (如肝功能測試的結果):
☐ No 沒有

(c) Deepening jaundice
黃疸加深
☐ Yes, evidence(s) is / are:
有，證明是:
☐ No 沒有

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

16. 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

Qualification
資歷

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

Telephone No.
聯絡電話

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)