

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 :

Kidney Failure End stage renal disease, due to whatever cause or causes, with the Life Assured undergoing regular peritoneal dialysis or haemodialysis.			
腎衰竭 由任何原因引起的末期腎病，使受保人需定期進行腹膜透析或血液透析。			
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 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 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): _____ <input type="checkbox"/> No 不是 是， _____ 日/月/年 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? <input type="checkbox"/> Yes, please provide details: 有，請詳述: _____ <input type="checkbox"/> 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 _____	



<p>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?</p> <p><input type="checkbox"/> Yes, please provide details : 有, 請詳述 : _____</p>	<input type="checkbox"/> No 沒有								
<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</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>	<input type="checkbox"/> No 沒有								
<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-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Consultation Date (DD/MM/YY) 就診日期</th> <th style="text-align: left; border-bottom: 1px solid black;">Physician / Hospital 醫生/ 醫院全名</th> <th style="text-align: left; border-bottom: 1px solid black;">Diagnosis 診斷</th> <th style="text-align: left; border-bottom: 1px solid black;">Treatment and Investigation Results / Hospitalization 任何醫療診治及檢查結果 / 住院詳情</th> </tr> </thead> <tbody> <tr> <td style="height: 40px;"></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Consultation Date (DD/MM/YY) 就診日期	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				
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<p>12. What is/are the underlying cause(s) leading to renal failure of this patient ? 什麼原因引致病人的腎衰竭?</p>									
<p>13. Has the pateint's renal disease reached end stage? Please enclose copies of the laboratory report(s). 病人的腎病是否已到達末期? 請提供有關檢驗報告.</p> <p><input type="checkbox"/> Yes, please provide details.: 是, 請詳述 _____</p>		<input type="checkbox"/> No 不是							
<p>14. Is the patient currently undergoing regular peritoneal dialysis or haemodialysis for the management of the end-stage of renal failure? 病人是否需要定期進行腹膜透析或血液透析來治療腎衰竭?</p> <p><input type="checkbox"/> Yes, starting from _____ (DD/MM/YY) for _____ 是, 由 _____ (日/月/年) 開始進行 _____ 腹膜透析 _____ 血液透析</p> <p>The frequency is _____ at _____ (place) 頻率為 _____, 於 _____ (地點) 進行</p>		<input type="checkbox"/> No 不是							
<p>15. Has renal transplantation been planned? If so, what is the approximate date? 病人有否計劃進行腎臟移植? 如有的話, 預計將於何時進行?</p> <p><input type="checkbox"/> Yes 有</p> <p>The transplantation will be taken place around _____ (DD/MM/YY) performed at _____ (place) 有, 移植手術大約於 _____ (日/月/年) 在 _____ (醫院/地點) 進行</p>		<input type="checkbox"/> No 沒有							
<p>16. What is the prognosis of the patient? 病人現時進展及狀況</p>									
<p>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)</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Test Date (DD/MM/YY) 檢驗日期(日/月/年)</th> <th style="text-align: left; border-bottom: 1px solid black;">Test Item 檢驗項目</th> <th style="text-align: left; border-bottom: 1px solid black;">Result / Histopathological Diagnosis 結果/ 病理組織診斷</th> </tr> </thead> <tbody> <tr> <td style="height: 40px;"></td> <td></td> <td></td> </tr> </tbody> </table>		Test Date (DD/MM/YY) 檢驗日期(日/月/年)	Test Item 檢驗項目	Result / Histopathological Diagnosis 結果/ 病理組織診斷					
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<p>18. Other additional information for the current diagnosis 其他有關此診斷結果之額外資料</p>									
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