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 :

Loss of Speech
Total permanent and irrecoverable loss of the ability to speak due to physical damage to the vocal cords which must be established for a continuous period of 12 months.

喪失語言能力
由於聲帶受損而引致完全永久喪失說話能力並無法復原，並須連續12個月沒有間斷。

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, |_____|_____|_____| (DD/MM/YY) By (name & address of physician): _____ ☐ 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 ?

☐ 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) Since when did the patient suffer from loss of ability to speak? 病人從何時開始喪失說話能力?

Since 從 |_____|_____|_____| (DD/MM/YY) (日/月/年) 開始

(b) Did the loss of ability to speak last for a continuous period of 12 months? 病人是否喪失說話能力連續12個月沒有間斷?

☐ Yes 是

☐ No , from |_____|_____|_____| (DD/MM/YY) to |_____|_____|_____| (DD/MM/YY) or approximate _____ days/ weeks / months
沒有，自 (日/月/年) 到 (日/月/年) 或 大約 天 / 星期 / 月

13. (a) What was the cause of loss of speech? 什麼原因導致病人喪失語言能力?

(b) Was the loss of speech caused by **physical damage** to the vocal cords ? 病人的喪失語言能力是否由聲帶受損引致?

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

(i) Date: 日期: |_____|_____|_____| (DD/MM/YY) (日/月/年)

(ii) Cause of the vocal cord damage: 聲帶受損的原因:

14. Was the loss of speech permanent and irrecoverable? (Please enclose copies of all supportive reports and relevant medical reports that are available).
病人是否全永久喪失說話能力並無法復原? (請提供有關檢驗報告及醫療報告副本)

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

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

15. (a) Has the patient undergone any speech therapy? 病人有否接受言語治療?

☐ Yes, since 有，自|_____|_____|_____| (MM/DD/YY), details : 開始，詳情 : ☐ No 沒有

(b) What kinds of treatment are currently provided and / or will be provided to the patient? 病人現正在/將會接受什麼類型的治療?

(c) Is there any other surgery/treatment helps to improve the patient's vocal cords? 有否手術或治療可改善病人的聲帶?

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

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

(b) Please comment upon the likelihood of any significant improvement in the patient condition. 請述病人有顯著進展的可能性

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 _____ 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) _____