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 :

Primary Pulmonary Arterial Hypertension
Primary pulmonary arterial hypertension as established by clinical and laboratory investigations (including cardiac catheterization) and as diagnosed by a specialist cardiologist. The following diagnostic criteria must be met:
- ☐ dyspnoea and fatigue; and
- ☐ increased left atrial pressure (at least 20 units more); and
- ☐ pulmonary resistance of at least 3 units above normal; and
- ☐ pulmonary artery pressure of at least 40mmHg; and
- ☐ pulmonary wedge pressure of at least 6mmHg; and
- ☐ right ventricular end-diastolic pressure of at least 8mmHg; and
- ☐ right ventricular hypertrophy, dilation and signs of right heart failure and decompensation.

原發性肺動脈高血壓
根據臨床及檢驗（包括心導管檢查）證實，並由心臟科專科醫生診斷，並須符合下列診斷標準：
- ☐ 呼吸困難及疲倦；及
- ☐ 左心房血壓上升（最少超越20 個單位）；及
- ☐ 肺阻力比正常水平最少高出3 個單位；及
- ☐ 肺動脈壓最少爲 40mmHg；及
- ☐ 肺楔壓最少爲 6mmHg；及
- ☐ 右心室舒張末期壓最少爲8mmHg；及
- ☐ 右心室肥大、擴張以及右心室出現衰竭及代償失調的徵狀。

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) By (name & address of physician): _____ 日/月/年 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. What is/are the underlying cause(s) leading to the patient's pulmonary arterial hypertension? 什麼原因引致病人的肺動脈高血壓?

13. Was cardiac catheterization performed? 有沒有進行心導管檢查?

☐ Yes, result was: 有，結果是 : _____ ☐ No 沒有

14. Please describe the extent of the pulmonary arterial hypertension 請詳述肺動脈高血壓的程度。

(a)	Was there dyspnoea and fatigue? 有否呼吸困難及疲倦?	☐ Yes 有	☐ No 沒有
(b)	Was there any increase in the left atrial pressure? 左心房血壓有否上升?	☐ Yes, 有 Increaed Level Reading (unit): 上升的讀數(單位): Normal Level Reading (unit) : 正常的讀數(單位):	☐ No 沒有
(c)	Was there any increase in the pulmonary resistance? 肺阻力比正常水平有否上升?	☐ Yes, 有 Increaed Level Reading (unit): 上升的讀數(單位): Normal Level Reading (unit) : 正常的讀數(單位):	☐ No 沒有
(d)	Was there any increase in the pulmonary artery pressure? 肺動脈壓有否上升?	☐ Yes, 有 Increaed Level Reading (mmHg): 上升的讀數(mmHg): Normal Level Reading (mmHg) : 正常的讀數(mmHg):	☐ No 沒有
(e)	Was there any increase in the pulmonary wedge pressure? 肺楔壓有否上升?	☐ Yes, 有 Increaed Level Reading (mmHg): 上升的讀數(mmHg): Normal Level Reading (mmHg) : 正常的讀數(mmHg):	☐ No 沒有
(f)	Was there any increase in the right ventricular end-diastolic pressure? 右心室舒張末期壓有否上升?	☐ Yes, 有 Increaed Level Reading (mmHg): 上升的讀數(mmHg): Normal Level Reading (mmHg) : 正常的讀數(mmHg):	☐ No 沒有
(g)	Was there any sign of 有否以下徵狀		
	(i) right ventricular hypertrophy 右心室肥大	☐ Yes 有	☐ No 沒有
	(ii) right ventricular hypertrophy dilation 右心室擴張	☐ Yes 有	☐ No 沒有
	(iii) right heart failure 右心室衰竭	☐ Yes 有	☐ No 沒有
	(iv) right heart decompensation 右心室代償失調	☐ Yes 有	☐ No 沒有

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)

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

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 _____ Qualification _____
醫生姓名 資歷
Hospital Name (if applicable) _____ Telephone No _____
醫院名稱(如適用) 聯絡電話
Address _____
地址
Signature & Hospital/ Physician's Chop _____ Date (DD/MM/YY) _____
醫院/ 醫生簽署及蓋印 日期 (日/月/年)