

意外/醫療費用 – 主診醫生報告(此欄須由受保人之主診醫生填寫)

Accidental/Medical Expenses – Attending Physician Statement (To be completed by the insured's attending doctor of the insured's cost)

病人姓名 _____ 香港身份證號碼 _____ 年齡 _____ 性別 _____ 男 女
Full name of Patient _____ HK Identity Card No. _____ Age _____ Sex _____ M / F

Q1. 請提供以下有關病況資料

Please provide details about the medical condition

1a. 診斷日期 _____ 由 _____ 至 _____
Treatment Period _____ from _____ to _____

1b. 最後診斷
Please state the exact final diagnosis

1c. 導致上述最終診斷之原因
Cause of the above final diagnosis

1d. 上述診斷期間曾接受之檢查、治療手術項目及結果：
Investigations, treatment, therapy, surgical procedures done and result during the above mentioned treatment period:

1e. 請於下面列出病人曾就此病況而求診、住院或接受手術及治療之有關紀錄及詳情。
Please list all medical consultations, hospital confinement, surgical procedure and course of medical therapy relating to the disability/illness.

日期/期間 Date/Period	主要治療項目 Type of Treatment	詳情 Treatment Details
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Q2. 請提供以下有關病歷資料

Please provide the following details about the medical history

2a. 在是次求診日期前，病人有否在台端執業之診所/醫院診治有關上述病況之紀錄？如有，病人始自何時求診？
Prior to this consultation/hospitalization, did patient first consult you/your hospital for the related signs and symptoms? And when was the first consultation?

否 No 有 Yes，第一次求診日期始自 the first consultation was since _____

2b. 病人在第一次求診之主要病徵為何？
What sign(s) and symptom(s) was/were the patient aware of at the first consultation?

2c. 根據病人自述，上述病徵在求診前出現多久？
According to the patient, for how long had such symptom(s) persisted before the first consultation?

2d. 在第一次求診時，病徵已持續了 _____ 日 _____ 月 _____ 年
Prior to the first consultation, such symptoms(s) had persisted for _____ day(s) _____ month(s) _____ years(s)

2e. 病人是否由另一位醫生/醫院轉介台端作進一步治療？如是，請列出姓名：
Was the patient referred to you by another doctor/hospital for further management? If so, please state name of referral doctor/hospital:

否 No 有 Yes，該醫生/醫院為 the name of referral doctor/hospital

Q3. 如上述之徵狀是由意外所導致，請提供詳述

If the sign(s) and symptom(s) mentioned above were caused by an accident, please provide details

意外詳情 Accident Details

意外發生日期 Accident Date (YY/MM/DD) _____ 時間 Time _____ 地點 Place of the accident happened _____

3a. 請詳述意外是如何發生。 Please give the circumstances of the accident in details.

3b. 請問傷者在首次求診時，受傷部位有否可見明顯外傷？

Any external visible signs of bodily injury were revealed at the 1st consultation? Please give details.

3c. 請問傷者在首次求診時，受傷部位表面有否可見之瘀傷、傷口或擦損？

Any evidence of external bruise, wound or abrasion was revealed at the 1st consultation?

3d. 請問受傷部位有否引致任何併發症？ Did injured area accompany with any complications?

Q4. 如上疾病/意外而需要住院，請提供詳述

If the illness/injury required to Hospitalization, please provide details

住院詳情 Hospitalization Details

住院日期 Hospitalization Period if 由 from _____ 至 To _____

4a. 是次住院是否醫療需要？

Was the hospitalization/treatment medically necessary?

否 No 是 Yes · 如是，住院原因 If yes, reason for this hospitalization _____

4b. 在住院期間，病人有否請假外出？

During hospitalization period, did the patient have any home leave period?

否 No 是 Yes · 請假外出期 the home leave period is 由 from _____ 至 to _____

請假原因是 Home Leave Reason is _____

Q5. 如此病與下列情況有關，請註明：

Please indicate if the medical condition and its subsequent treatment are associated with the followings:

- 先天性不正常情況不育或絕育情況 Congenital anomalies, infertility or sterilization
- 牙科治療·身體檢查 Dental care, general check up
- 受酒精或藥物影響 Under the influence of drugs or alcohol
- 休養·復康或延續護理 Rest cure, rehabilitation, convalescence or extended care
- 不論在神智清醒與否下之自我損傷或自殺行為 Self-inflicted injuries or suicidal attempt while sane or insane
- 心理·精神病科 Mental, psychiatric problems
- 懷孕或由此引發之病況 Pregnancy conditions or any related complications
- 整形外科手術 Cosmetic/Plastic surgery
- 不是上述任何一個 None of the above

請提供其他有助審核本索償個案之資料 Is there any further information you want to supplement to us in assessing the claim?

醫生簽署 Signature of Physician

醫院/醫生蓋印 Hospital/Physician Stamp

醫生姓名 Physician Name in Block

簽署日期 Date Signed

註診地址 Clinic Address of Physician _____