

危疾賠償申請表-心臟病/冠狀動脈(搭橋)手術/冠狀動脈成形術
CRITICAL ILLNESS CLAIM FORM – HEART ATTACK/ CORONARY ARTERY DISEASE
REQUIRING SURGERY / ANGIOPLASTY

保單號碼 Policy No.

第二部份 – 主診醫生報告書 (由主診醫生填寫, 所有費用由受保人/保單持有人/索償人自行承擔)

PART II – ATTENDING PHYSICIAN'S STATEMENT (To be completed by attending physician at the Insured / Policyholder / Claimant's own expenses.)

A. 病人資料 PARTICULARS OF PATIENT

1 病人姓名 Name of Patient

2 年齡及性別 Age and Sex

3 身份證/護照號碼 I.D. Card / Passport No.

B. 臨床資料 CLINICAL DETAILS

1 病人之醫療記錄可追溯至 We can trace the medical record of patient back to

年 Year 月 Month 日 Day

2 首次出現病徵日期發生日期 Date of the symptoms first appeared

年 Year 月 Month 日 Day

3 病人首次有關此病症之求診日期 Date of first consultation for this condition or related illness

年 Year 月 Month 日 Day

4 請詳細說明首次會診時之徵狀和病症 Please describe the symptoms and complaints at first consultation.

5 病人是否由其他醫生轉介? 如是, 請提供該醫生之姓名及地址。 Is the patient referred by other physician? If yes, please give the name and address of the referring doctor. 是 Yes 否 No

6 診斷 Diagnosis

7 何時確診 When was the diagnosis made

年 Year 月 Month 日 Day

8 病人最近是否有胸痛? 如有, 請詳述其特徵。 Did the patient complain of chest pain recently? If so, please describe the characteristics of the onset of the chest pain. 是 Yes 否 No

9 請詳述有關心肌酵素改變的情況。 Please describe any change in cardiac enzymes.

10 請詳述病人是否有任何心電圖變化 Please describe any change in ECG



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B. 臨床資料(續) CLINICAL DETAILS (Continued)

11 手術資料 Surgical Procedure Details

手術名稱 Name of the Surgical Procedure 手術日期 Date of surgery 年 Year 月 Month 日 Day

12 是次病況涉及哪些冠狀動脈？請提供每條冠狀動脈的狹窄/阻塞程度？

Which arteries are involved? What is the degree of narrowing/ obstruction in respect of each involved artery(ies)?

- 左冠狀動脈前降支動脈 LAD: _____ % 左冠狀動脈主幹 LCA: _____ %
 左迴旋動脈 LCx: _____ % 右冠狀動脈 RCA: _____ %
 其他冠狀動脈 Others coronary arteries _____ : _____ %

13 上述結果是透過那種診斷測試來確認？What diagnostic test are used to confirm the above findings?

14 請提供有關診斷測試的細節 Please provide the full details of the procedures performed

15 其他有關心臟病之治療、檢查及其結果、有否任何併發症及出院後之覆診或跟進計劃。Other treatments, investigation procedures, results, and/or any complications and follow up plan regarding the heart attack

C. 閣下之專業意見 PROFESSIONAL COMMENT

1 是次心臟病/冠狀動脈病是否復發個案，或與過往其他病況有關？如是，請提供有關診治日期及治療詳情。

Is the heart attack / coronary artery disease a recurrent episode or related to any previous conditions? If so, please provide 是 Yes 否 No details of the diagnosis and treatments.

診治日期 Date of diagnosis/treatments 年 Year 月 Month 日 Day

詳情(包括診斷/治療/檢查及結果) Details(including diagnosis/ treatments/ investigations and results)

2 病人之家族史有否增加病人患上此症的風險？Is there any patient's family history which would increase the risk of this illness?

