



**C. 閣下之專業意見(續) PROFESSIONAL COMMENT (Continued)**

3 延續上述第 2 題，該腦腫瘤是否屬於以下的類別？

In addition to its classification stated in Question 2, does the brain tumour belong to any of the followings:

- |              |  |                                |                                |
|--------------|--|--------------------------------|--------------------------------|
| (a) 囊腫       | Cyst   | <input type="checkbox"/> 是 Yes | <input type="checkbox"/> 不是 No |
| (b) 肉芽腫      | Granulomas   | <input type="checkbox"/> 是 Yes | <input type="checkbox"/> 不是 No |
| (c) 腦動脈或靜脈畸形 | Malformation in, or of, the arteries of veins or the brain | <input type="checkbox"/> 是 Yes | <input type="checkbox"/> 不是 No |
| (d) 血腫       | Haematomas   | <input type="checkbox"/> 是 Yes | <input type="checkbox"/> 不是 No |
| (e) 腦垂體或脊椎腫瘤 | Tumours in the pituitary gland or spine                    | <input type="checkbox"/> 是 Yes | <input type="checkbox"/> 不是 No |
| (f) 聽覺神經腫瘤   | Tumours of the acoustic nerve                              | <input type="checkbox"/> 是 Yes | <input type="checkbox"/> 不是 No |

4 病人現時進展及狀況？ What was the prognosis of the patient?

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5 如有，請提供有關是次治療、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 If so, please provide treatments, investigation procedures, results, and/or any complications and follow up plan regarding the stroke)

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**D. 其他醫療病史 OTHER MEDICAL HISTORY**

1 病人過往有否以下病症/習慣。 Does the patient have any medical history or habit as indicated below?

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> 哮喘 Asthma                      | <input type="checkbox"/> 心臟病 Cardiac problem                    | <input type="checkbox"/> 糖尿病 Diabetes Mellitus    |
| <input type="checkbox"/> 乙型肝炎 Hepatitis B               | <input type="checkbox"/> 高血壓 Hypertension                       | <input type="checkbox"/> 曾接受手術 Previous operation |
| <input type="checkbox"/> 濫藥 Drug abuse                  | <input type="checkbox"/> 飲酒習慣 Drinking                          | <input type="checkbox"/> 吸煙習慣 Smoking             |
| <input type="checkbox"/> 家族性癌症 Family history of cancer | <input type="checkbox"/> 家族病史 Unfavorable family history        |   |
| <input type="checkbox"/> 以上皆沒有 None                     | <input type="checkbox"/> 其他疾病，請說明 Other disease, please specify |   |

2 該病人曾否因患上上述疾病或其他嚴重疾病接受醫生或醫院治療？如是者，請述詳情。 Had the patient previously been treated or hospitalized for the above disease or other major disease? If so, please give details.

日期 Dates			疾病 Disease	治療/住院詳情 Details of treatment/hospitalization	醫生姓名/醫院名稱 Name of Physician/Hospital
年 Year	月 Month	日 Day			

3 請提供飲酒/吸煙習慣詳情 Please provide details of Drinking & Smoking habit.

習慣始自 Drinking/ Smoking start date since                      年 Year                      月 Month                      日 Day

每日用量 Daily consumption                      (支/包/樽/罐 piece/ pack/ bottle/ can)

**E. 主診醫生資料及聲明 ATTENDING PHYSICIAN'S PARTICULARS AND DECLARATION**

本人謹此聲明，就本人所知所信，上述由本人提供的資料均為事實之全部，並確實無訛。 I HEREBY DECLARE that all the information provided by me in this form is true and correct to the best of my knowledge and belief.

主診醫生姓名 Name of Attending physician		資歷 Qualification	
地址 Address		聯絡電話 Contact No.	
主診醫生簽署及醫院/診所蓋章 Signature of Attending Physician and Stamp of Hospital / Clinic		日期 Date	年 Year    月 Month    日 Day