中國人壽 CHINA LIFE | 海外

危疾賠償申請表-良性腦腫瘤
CRITICAL ILLNESS CLAIM FORM – BENIGN BRAIN TUMOUR

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

C. 閣下之專業意見 PROFESSIONAL COMMENT

1 腫瘤是否已完全或部分以外科手術切除 Has the tumour been totally or partially surgically eradicated?

☐ 是，請詳述組織學結果 Yes, please provide detail of histology results ☐ 不是 No

2 病人的腦腫瘤是什麼類型？是否屬於癌症？請說明及提供有關的病理組織報告作參考
What type of brain tumour does the patient have? Cancerous or Non-cancerous? Please specify and provide pathological report for reference.

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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	☐是 Yes	☐不是 No
(b)	肉芽腫	Granulomas	☐是 Yes	☐不是 No
(c)	腦動脈或靜脈畸形	Malformation in, or of, the arteries of veins or the brain	☐是 Yes	☐不是 No
(d)	血腫	Haematomas	☐是 Yes	☐不是 No
(e)	腦垂體或脊椎腫瘤	Tumours in the pituitary gland or spine	☐是 Yes	☐不是 No
(f)	聽覺神經腫瘤	Tumours of the acoustic nerve	☐是 Yes	☐不是 No

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

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)

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?

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

2 該病人曾否因患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