

# Attending physician statement

## 主診醫生報告

(This section should be completed by the patient's attending doctor during patient's hospitalization at the insured person's cost  
此欄須由病人在住院期間之主診醫生填寫，而費用須由受保人負責)

### Part I: Treatments details

#### 第一部分：醫療資料

Patient full name

病人姓名

HKID no.

香港身份證號碼

Age

年齡

Gender

性別

Male

男

Female

女

(a) Was there any hospitalization for the patient? 病人有否住院？

Yes 有, hospitalization period 住院日期

from Day日 Month月 Year年

由

to Day日 Month月 Year年

至

No 否, the patient does not require to stay at hospital for treatment 病人不需要住院接受治療

(b) Diagnosis of conditions

病況診斷

(c) Investigations, treatment, therapy, surgical procedures done and result during the above mentioned treatment period

上述診斷期間曾接受之檢查、治療、手術項目及結果

(d) Prior to this consultation, did patient first consult you for the related signs and symptoms?

在是次求診日期前，病人是否曾向您諮詢有關上述病況？

Yes, the first consultation was since

是，第一次求診日期為

Day日 Month月 Year年

According to the patient, for how long had such symptoms(s) persisted before the first consultation?

據病人自述，上述病徵在首次求診前出現多久？

Day日 Month月 Year年

No 否

(e) What sign(s) and symptom(s) was/were the patient aware of at the first consultation?

病人在第一次求診時發現的病徵及症狀？

(f) Was there any evidence of external bruise, wound or abrasion was revealed at the first consultation? If yes, please provide details

傷者在首次求診時，受傷部位表面有沒有可見之瘀傷、傷口或擦損？如是，請提供詳情。

Yes 有

No 沒有

(g) Was the patient referred to you by another doctor for further management? 病人是否由其他醫生轉介？

Yes 是, the name of referral doctor is 該醫生姓名是

No 否

Please complete next page and sign

請填寫下頁並簽署

(h) Did the patient have any home leave period during hospitalization period? 病人在住院期間有沒有請假外出?

Yes 有, Reason of leave 外出原因

from Day日 Month月 Year年 to Day日 Month月 Year年  
由  至

No 沒有

(i) Please indicate if the medical condition and its subsequent treatment are associated with the followings

請指出上述病況及其後的治療是否與下列情況有關

Congenital anomalies, infertility or sterilization

先天性不正常情況、不育或絕育情況

Self-inflicted injuries or suicidal attempt while sane or insane

不論在神智清醒與否下之自我損傷或自殺行為

Dental care, general check up

牙科治療、身體檢查

Mental condition

精神病科問題

Under the influence of drugs or alcohol

受藥物或酒精影響

Pregnancy conditions or any related complications

懷孕或由此引發之病況

Rest cure, rehabilitation, convalescence or extended care

休養、復康或延續護理

Cosmetic/Plastic surgery

整形外科手術

Vaccination

注射疫苗

None of above

以上皆否

(j) Was the patient confined in an Intensive Care Unit during this hospitalization? 住院期間病人是否曾入住深切治療部?

Yes 是, hospitalization period 住院日期

from Day日 Month月 Year年 to Day日 Month月 Year年  
由  至

Total no. of days stays 總入住日數

No 否

## Part II: Declaration

### 第二部分：聲明

I declare that all the above information are to the best of my knowledge, is true and complete.

本人在以上所有填報資料乃根據本人所知及所信為確實及完全而填報，屬實無訛。

Name of attending doctor 主診醫生姓名		Chop of hospital or clinic 醫院或診所蓋印	
_____ Signature of attending doctor 主診醫生簽署		_____ Day日 Month月 Year年 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Address of hospital or clinic 醫院或診所地址	No. & name of street/Lot no.* 街名及門牌 / 地段*	District 地區	HK/KLN/NT* 香港 / 九龍 / 新界*