Hospitalization Benefit Claim Form PART II – Attending Physician's Statement
(To be completed by the registered medical practitioner at the Claimant's expense)

住院保障賠償申請表 第二部份 – 醫事報告〔由註冊醫生填寫，所需費用由索償人支付〕

Sun Life 永明金融

			Policy No.
1. Name of Patient 病人姓名	2. Sex/Age 性別 / 年齡	3. I.D. No. 身份証號碼	4. Occupation 職業
5. Confinement Date (DD/MM/YY) 住院日期 (日/月/年) Out-patient Surgery Date (DD/MM/YY) 門診日期 (日/月/年)		6. Name and address of Hospital 醫院名稱及地址	

7. (a) Are you the patient's usual doctor?
閣下是否病人的慣常醫生？

☐ No 否 ☐ Yes, since 是, 自 _____(MM/YY 月/年)

(b) Date of first consultation to you relating to this illness / injury (DD/MM/YY)
病人首次就是次之病症/傷勢向閣下求診日期 (日/月/年)

(c) Signs and Symptoms at the consultation
求診時之病徵及症狀

(d) Date of Signs and Symptoms first appeared according to the clinical records of the patient (DD/MM/YY)
根據病人之病歷，首次出現病徵及症狀之日期 (日/月/年)

(e) Final Diagnosis
最後診斷

(f) Date of Diagnosis (DD/MM/YY)
診斷日期 (日/月/年)

(g) Underlying causes leading to such illness
潛在原因導致該病症

(h) Was the patient referred to you by another doctor?
病人是否經其他醫生轉介到閣下？
☐ No 否 ☐ Yes, Name & Address of the referral doctor 是， 請提供轉介醫生姓名及地址

(i) Did you refer the patient to other doctors or hospitals?
閣下是否轉介該病人往其他醫生或醫院？

☐ No 否 ☐ Yes, Name & Address of the doctor or hospital 是，請提供醫生或醫院名稱及地址

(j) If this hospitalization / treatment was caused by an accident, please give the details below
若是次住院/治療因意外引致，請提供以下詳情

i) Date of accident (DD/MM/YY) 意外日期 (日/月/年)

ii) Cause of accident 意外原因

iii) Part of body injured and extent of Injury 身體受傷之部位及受傷程度

8. Details of laboratory tests or investigations performed with results during confinement 住院期間進行的化驗/檢查詳情及結果

Date 日期	**Test / Investigation 化驗 / 檢查**	**Result 結果**

9. Details of treatments given during the confinement 住院期間給予的治療詳情

10. (a) Surgical procedure(s) performed
完成之手術名稱

(b) Date of Operation (DD/MM/YY)
手術日期 (日/月/年)

(c) Name of Surgeon
進行手術的醫生姓名

11. If you have referred the patient to other specialist during this hospitalization, please provide his /her name and the referral reason.
如閣下曾在此住院期間轉介病人予其他專科醫生，請提供其姓名及轉介之原因

12. (a) Has the patient taken any home leave during this hospitalization? If "yes", please state the date, duration and reason.
此病人在住院期間，曾否離院外出？如「有」，請列明日期、時間及原因

(b)Please give the reason(s) why the hospital setting is required if the patient can be managed on out-patient basis.
若病人之個案可在門診處理，請提供安排是次住院之原因

13. (a) In your opinion, was the hospitalized illness a recurrent episode / chronic illness / related to previous diagnosis
If "yes", please provide date of first episode and details.
根據閣下意見，此次住院之疾病是否復發 / 長期疾病 /與過往已診斷之疾病？如「是」，請提供首次事件之時間及細節

(b) Has the patient ever been treated or hospitalized for the same symptoms / illness before? If "yes", please state details including (i) onset date, (ii) type of investigations / treatments / surgery(ies) received (iii) Name of Doctor / Hospital consulted (iv) last conditions
病人以前有否患有同類或類似病況？如「有」，請詳述細節包括(i) 病發日期 (ii) 曾接受之檢查/治療/手術 (iii) 求診之醫生/醫院名稱 (iv)最後狀況

(c) Please circle the following factors which are associated with the illness / injury and provide details. 請圈出與是次病症 / 受傷有關的下列因素並詳述。

Accidental bodily injury / the abuse of drugs or alcohol / AIDS or HIV related illness, venereal or sexually transmitted disease / pregnancy, infertility or sterilization/ refractive error / cosmetic or plastic surgery / mental or nervous disorder / congenital condition / hereditary condition / developmental condition / self-inflicted injury / general check-up or vaccination / none of the above.

意外身體損傷 / 濫用藥物或酒精 / 後天免疫力缺乏症(AIDS)或任何人體免疫力缺乏病毒(HIV)有關的疾病、性病或性接觸傳染病 / 懷孕、不育或絕育 / 視線折 射誤差 / 整容或整形外科 / 精神或神經錯亂 / 先天性疾病 / 遺傳性疾病 / 發育性疾病 / 自招損傷 / 例行身體檢驗或注射 / 以上所列均不符合

Details 詳情：

I hereby certify that, having personally examined and treated the above-named patient for the above illness/injury, the facts as given above represent my opinion of his/her condition. 本人在此聲明， 本人檢查及治療此病人之傷病，以上之所陳述乃本人對病人健康狀況之意見。

Signed 簽名:		Name of physician (with stamp) 主診醫生的姓名(蓋印):	
Qualifications 資歷:		Address 地址:	
Date 日期:		Telephone Number 電話號碼:	