



My Sun Life HK Mobile App 流動應用程式

Manage your policy at your fingertips 24/7
保單管理 隨時一觸實現



View coverages
查閱保障額



Manage your funds
管理基金



Submit claims
電子索償



Premium due alerts
接收繳費提示



Change personal details
更改個人資料



View policy contract & statements
查閱保單合約及周年通知書



Scan to download
My Sun Life HK
掃描下載
My Sun Life HK

Submitting eClaims through the My Sun Life HK mobile app, if claim amount does not exceed HKD 50,000, you are not required to submit original documents. This not only simplifies the claims process but also speeds up the processing time! For more information about eClaims procedure, please visit <https://www.sunlife.com.hk/en/claims/individual-insurance-claims/hospitalization-and-surgical-claims-procedure/>

透過 My Sun Life HK 流動應用程式提交電子索償，如索償金額不超過港幣 50,000 元，無需遞交正本文件，不僅簡化理賠流程，更可以加快處理申請！更多關於電子索償的程序，請瀏覽永明網站：<https://www.sunlife.com.hk/zh-hant/claims/individual-insurance-claims/hospitalization-and-surgical-claims-procedure/>

Hospitalization Benefit Claim Form 住院保障賠償申請表

Sun Life Hong Kong Limited
(Incorporated in Bermuda with limited liability)
香港永明金融有限公司
(於百慕達註冊成立之有限責任公司)

Please submit your **original** claim application to your advisor or send it to the following address:
請將您的索償申請**正本**交予您的理財顧問，或郵寄至以下地址：

Client Service Centre 客戶服務中心
Address: G/F, MU Tower B, 18 Hung Luen Road, Hung Hom, Kowloon
地址:九龍紅磡紅鸞道 18 號都大中心 B 座地下
Tel 電話 (852) 2103 8928 Fax 傳真 (852) 2103 8938



Sun Life

永明金融

POINTS TO NOTE 注意事項

- Please do not sign on blank form 請勿在空白表格上簽署
- Please submit claim application within 90 days from the date of discharge 理賠申請需於出院後 90 天內遞交
- Please submit the following documents with Accident Benefit Claim Form 請把以下所需文件連同意外保障賠償申請表一併提交：
 - ID card copy of the Policy Owner (if no record in our company before) 保單主權人之身份證副本(如從未曾於本公司存檔)
 - Original Receipts if medical reimbursement required 正本醫療收據，如需索償醫療費用賠償
 - Attending Physician's Statement (Part II) completed by the attending doctor 由主診醫生填妥的第二部份(醫事報告)
 - Other supporting documents, such as Referral Letter, Discharge Summary, Sick Leave Certificate, Medical Certificate, Laboratory Report etc. 其他證明文件，例如轉介信、出院總結、病假紙、醫生證明書、化驗報告等
- We reserve the right to ask other supporting documents if deemed necessary. 如有需要，本公司保留要求遞交其他證明文件之權利

CONSULTANT'S INFORMATION 顧問資料

Name 姓名	District/Branch 區域/分行	Code 編號	Contact Phone No. 聯絡電話
Claimed Benefit(s): 索償保障類別： <input type="checkbox"/> H&S 住院及手術費用保障 <input type="checkbox"/> HI 住院入息保障 <input type="checkbox"/> Others, please specify 其他，請註明_____			Case Type: 賠償個案類別： <input type="checkbox"/> New Claim 首次索償 <input type="checkbox"/> Further Claim 再次索償

PART I (to be completed by Life Assured / Policyowner / Claimant) 第一部份 (由受保人 / 保單持有人 / 索償人填寫)

1. INSURED'S INFORMATION 受保人資料

Policy No. 保單號碼	Name of Insured 受保人姓名	Age 年齡 / Sex 性別	ID / Passport No. 身份証 / 護照號碼
Email 電郵地址：		Mobile 手提電話：	
Present occupation and job duties 現時職業及職務		Name and address of business or employer 公司或僱主名稱及地址	

2. DETAILS OF HOSPITALIZATION / OUTPATIENT SURGERY 住院 / 進行門診手術詳情

(a) Name and address of hospital 醫院名稱及地址	
(b) Date of Admission and Discharge / Date of Outpatient Surgery (DD/MM/YY) 入院及出院日期 / 門診手術日期 (日/月/年)	
(c) Please describe the signs and symptoms 請描述病徵及症狀	
(d) Date of the above signs and symptoms first appeared (DD/MM/YY) 首次出現上述病徵及症狀之日期 (日/月/年)	
(e) Date of first consultation (DD/MM/YY) 首次求診日期 (日/月/年)	
(f) Name of the doctor / hospital first consulted 首次求診的醫生 / 醫院名稱	
(g) Name of other doctors who were consulted for these signs and symptoms 曾就上述病徵及症狀求診的其他醫生姓名	
(h) Name of usual doctor 慣常求診的醫生姓名	
(i) If the hospitalization or out-patient surgery is related to an accident, please give the details below. 如住院或進行門診手術與意外有關，請提供以下詳情。 i) Date, time and place of incident 事故日期、時間及地點 ii) How did the incident happen? 事故發生的經過及詳情 iii) Which part of the body was injured and the extent of injury? 受傷的身體部位及傷勢? iv) Was the incident reported to the police? 有否就是次事故報警? <input type="checkbox"/> No 否 <input type="checkbox"/> Yes, please submit copy of witness statement / police report 有，請遞交口供紙 / 警察報告副本	
(j) Have you filed this claim with other insurers, including Sun Life Group Department? 您有否就此索賠曾向其他保險公司提出申請，包括永明之團體保險部？ <input type="checkbox"/> No 否 <input type="checkbox"/> Yes, please provide the following information 是，請提供下列所需的資料	
Insurance Company / Organization 保險公司 / 機構	Policy Number 保單號碼
(k) Will you file this claim with other insurers, including Sun Life Group Department? 您有否就此索賠將會向其他保險公司提出申請，包括永明之團體保險部？ <input type="checkbox"/> No 否 <input type="checkbox"/> Yes, please provide the following information 是，請提供下列所需的資料	
Insurance Company / Organization 保險公司 / 機構	Policy Number 保單號碼

*If the second insurer is Sun Life Group Department, Sun Life will pass the claim settlement letter and the certified true copy of original documents submitted together with this claims application to Sun Life Group Department after the claim is completed.
 如第二承保方為永明之團體保險部，永明會在賠償完成後，將賠償結算信及隨附之正本文件之認證副本交至永明之團體保險部。

3. PAYMENT INSTRUCTION 支付方式指示

Faster Payment System* (**Receive the claims settlement as fast as instantly upon claims approval**)

「轉數快」(最快可於理賠批核後,即時收取理賠款項)

Please select one of the following 請選以下其中一項

Pay to premium autopay bank account 匯款至自動轉賬繳費戶口

Email 電郵: _____

Mobile number 手機號碼: (Country Code 國家代號) Telephone No 電話號碼 (_____) _____

FPS identifier 「轉數快」識別號碼: _____

Note: Your FPS account must be registered under the Policy Owner. If the payout via FPS is unsuccessful, the entire amount will be paid by cheque and mailed to the Policy Owner's correspondence address.

注意: 「轉數快」的用戶註冊名稱必須同樣為保單主權人。如未能成功以「轉數快」付款,整筆金額將以支票形式支付,並寄送至保單主權人之通訊地址。

Credit to existing premium collection account (**2 working days after claims approval**)

自動轉賬至現時用於繳交保費之賬戶 (理賠批核後約需2個工作天)

(Account Holder must be the Policy Owner 戶口持有人必須為保單主權人)

China UnionPay (**2 working days after claims approval**)

中國銀聯 (理賠批核後約需2個工作天)

Please fill in the following information 請填寫以下資料:

China UnionPay account holder name in English 中國銀聯戶口持有人之英文姓名: _____

China UnionPay Bank Name in China 中國銀聯銀行之名稱: _____

China UnionPay account no. 中國銀聯戶口號碼: _____

I agree to apply the China UnionPay to receive the claim payment and bear any bank charge and differences due to the exchange rate incurred associated with this transaction. Final claim settlement method will be subjected to the acceptance of banks. I agree to receive the payment by cheque via Financia Consultant in case of remittance failure.

本人同意以中國銀聯方式領取賠付並同意銀行收取的任何手續費及匯率損益由本人承擔。最終之理賠支付方式乃根據銀行之決定為準。如不成功,本人同意以支票方式予理財顧問轉交。

*Please read carefully and agree to the Important Notes below. 請仔細閱讀,並同意以下重要事項。

Important Notes 注意事項:

1. China UnionPay Debit Card holder must be the Policy Owner. 銀行戶口持有人必須為保單主權人。

2. Only applicable for payment to **CHINA UnionPay ("UPI") Debit Card issued by banks in Mainland China and opened with Mainland China ID cards.**

只適用於賠付至 中國境內銀行並以中國內地身分證開立之銀聯支付卡(中國銀聯)。

3. Applicable for payment with transaction limit below the equivalent value of USD 3,000, subject to a maximum total payment limit below the equivalent value of USD 10,000 to the same beneficiary per day, and a maximum total payment limit below the equivalent value of USD 50,000 to the same beneficiary per year, according to the State Administration of Foreign Exchange. The HK Dollar equivalent will be based on the exchange rate as determined by the Company and banks at the time of transaction. The above limits are set out for reference purpose only, based on the information available to Sun Life as at the time of this form design. The requirements are subject to change as may be announced by the relevant authority or imposed by the UPI policies from time to time.

根據國家外匯管理局規定,只適用於等值 3,000 美元以下之付款交易限額,同一受益人之每日最高總付款額為等值 10,000 美元,同一受益人之每年最高總付款額為等值 50,000 美元。港元等值金額基於本公司和銀行於交易時確立之匯率。上述限額只根據永明金融與申請表計時所得資料而列舉,只供參考,有關要求可根據官方公告或中國銀聯政策之施行而不時作出改變。

4. If the payment value exceeds the payment value limit, cannot meet with the latest requirements imposed on UnionPay transaction, or do not meet the required accuracy and completeness of payment details, the payment will be rejected.

如付款金額超出上限、未能符合施行於銀聯交易的最新要求,或未能符合付款詳細資料真確性及完整性要求,付款將被拒絕。

5. Correspondence address in China of China UnionPay Debit Card holder maybe required by bank for verification subject to the request from banks and UPI policies.

根據銀行要求及中國銀聯政策,銀行或須核實銀行戶口持有人於中國內地之通訊地址。

6. By Choosing this option, the Policy Owner authorizes China UnionPay to accept the payment from Sun Life. The Policy Owner also agrees to bear any bank charges and differences due to the exchange rate incurred associated with this transaction. Final claim settlement method will be subjected to the acceptance of banks. In case of UPI transaction failure / rejected, the Policy Owner agrees to receive the entire payment by cheque via Financial Consultant.

選擇此選項,即視為保單主權人已授權中國銀聯接受永明金融之賠付金額,及同意付款貨幣將有別於保單合約規定之保單貨幣。保單主權人亦同意承擔因本次交易相關匯率而產生之任何銀行費用及匯差。最終賠償付款方式視乎收款銀行接受為準。如中國銀聯交易失敗/被拒絕時,保單主權人同意以支票方式接受整筆金額,並經由理財顧問收訖付款。

By Cheque (**3 – 5 working days after claims approval**)

支票 (理賠批核後約需3 – 5個工作天)

Please select 請選擇: Via Consultant 經顧問轉交

Mail to Client's correspondence address 直接郵寄至客戶通訊地址

4. OTHERS 其他指示

Please return Certified True Copy of Original Documents after processing claim 請於理賠審結後退回正本文件的核實副本

Delivery Option 退回方式

Via Financial Consultant 經由理財顧問轉遞

Via Originary Post to the Correspondance Address of Policy Owner in Sun Life's record 以平郵方式退回至保單主權人在永明記錄上的通訊地址

*Please note that the Certified True Copy of Original Documents will be sent separately from your claim payment.

*請注意, 正本文件的核實副本將與您的理賠款項分開寄送。

PERSONAL INFORMATION COLLECTION STATEMENT 個人資料收集聲明

I/We understand and consent that, any personal data collected by Sun Life Hong Kong Limited ("Sun Life") (whether collected in this form or otherwise) may be used by Sun Life for the following purposes: (i) processing and evaluating this application and any other applications I/we make; (ii) administering and providing services in relation to this product and any other products I/we hold; (iii) processing and investigating claims; (iv) conducting customer surveys; (v) researching and designing financial, insurance or pensions products for customer use; (vi) selecting and participating in reward, loyalty or privileges program and related service for me/us; (vii) contacting me/us for the above purposes; (viii) complying with all laws, regulations, regulatory guidance, court orders or obligation or requirement under an agreement, or other commitment, between Sun Life or any entity within the Sun Life Group and the regulator or government in any jurisdiction (in relation to money laundering, terrorist financing and tax evasion or otherwise) to which Sun Life and its related companies are subject to (of Hong Kong or any other countries); and (ix) purposes which are directly related to any of the above purposes.

Sun Life may also use my/our contact details, demographic information and policy details to contact me/us with marketing information regarding Sun Life and third party pensions, financial and insurance products, including by phone calls, mail, email, SMS or any type of electronic message. Sun Life may not use my/our data unless Sun Life have received my/our consent (which includes an indication of no objection). I/We know I/we can tick the box below if I/we do not consent to receive such marketing information.

Sun Life may disclose my/our personal data for any of the above purposes: (a) to third parties who provide services in Hong Kong or elsewhere which assist Sun Life to carry out the above purposes, including claims investigators, medical advisors, medical service providers, emergency assistance service providers, reinsurers and professional advisors (provided that such contractors are required to keep all such personal data confidential and may only use the personal data to provide those services); (b) to my/our bank for payment purposes; (c) to my/our licensed insurance broker (if any); (d) to Sun Life's licensed insurance agencies and MPF intermediaries; (e) to Sun Life's related companies (as defined in the Companies Ordinance) including pensions services provider, insurance companies and financial services companies; (f) to the Hong Kong Federation of Insurers (or any similar association of insurance companies) and its members; (g) to any person or authority to whom Sun Life and its related companies are required to make disclosure to as a result of applicable law, regulation, regulatory guidance, court order or obligation or requirement under an agreement, or other commitment, between Sun Life or any entity within the Sun Life Group and the regulator or government in any jurisdiction (in relation to money laundering, terrorism and tax evasion or otherwise) that Sun Life and its related companies are subject to or required to comply with (of Hong Kong or any other countries) and (h) as otherwise required or permitted by law.

Sun Life may also use and disclose my/our personal data in other ways with my/our consent or as otherwise required or permitted by law. I/We understand that the information I/we give is voluntary, but failure to provide the requested personal data may mean Sun Life is unable to process my/our application or continue to provide services to me/us. I/We have the right to seek access to and request correction of any personal data Sun Life holds about me/us by sending a written request to The Manager, Client Service Centre, Sun Life Hong Kong Limited, G/F, MU Tower B, 18 Hung Luen Road, Hunghom, Kowloon, Hong Kong. Sun Life may charge a reasonable fee for the processing of any such requests.

"Sun Life Group" means Sun Life together with its subsidiaries, subsidiary undertakings and associated companies (whether direct or indirect) from time to time.

Please tick here to reject receiving marketing information from Sun Life.

本人 / 吾等明白及同意香港永明金融有限公司(「永明」) 可以將其所收集的任何個人資料(不論由此表格所收集或由其他途徑取得)作以下用途: -(i) 處理及評估本人/吾等的此項申請及任何其他申請; (ii) 管理本人/吾等所持有的本項及其他產品, 並提供相關服務; (iii) 處理及調查索償個案; (iv) 進行客戶調查; (v) 為客戶研究及設計金融、保險或退休金產品; (vi) 為本人/吾等甄選及參與獎賞、忠實或特選客戶計劃; (vii) 因上述目的與本人/吾等聯絡; (viii) 為遵守所有永明及其關連公司所受限制的(香港或其他國家)法例、法規、法規指引、法庭命令或永明或永明集團內的任何實體與任何管轄區域的監管機構或政府之間的協議項下的義務或要求或其他承諾(其相關於洗黑錢、恐怖分子資金籌集、逃稅或其他); 及(ix) 與上述任何目的直接有關的其他目的。

永明亦可使用本人/吾等的聯絡資料, 基本個人資料及保單資料, 就永明及第三方的退休金、金融及保險產品的推廣資訊, 以包括電話、郵件、電郵、電話短訊或任何電子信息等方法聯絡本人/吾等。除非得到本人/吾等之同意(包括表示不反對), 否則永明不可使用本人/吾等之資料為該用途。本人 / 吾等明白若本人/吾等不同意接受此等推廣資訊, 可於下列方格內填上剔號。

永明可為以上任何目的披露本人/吾等的個人資料予 (a) 為協助永明就上述用途(不論在香港或其他地方) 而提供服務的第三方, 包括索償調查員、醫療顧問、醫療服務提供者、緊急支援服務供應商、再保險公司、專業顧問(條件是有關承辦商須把所有個人資料保密並只會為提供有關服務而使用個人資料); (b) 本人/吾等的銀行作繳款用途; (c) 本人/吾等的持牌保險經紀 (如有); (d) 永明的持牌保險代理人及強積金中介人; (e) 永明的關連公司 (根據公司條例訂明) 包括退休金服務提供者、保險公司及金融服務機構 (f) 香港保險業聯會 (或任何相似的保險公司協會) 及其會員; (g) 永明及其關連公司因受(香港或其他國家)之法例、法規、法規指引、法庭命令或永明或永明集團內的任何實體與任何管轄區域的監管機構或政府之間的協議項下的義務或要求或其他承諾(其相關於洗黑錢、恐怖分子資金籌集、逃稅或其他)限制而需向其作出披露的任何人士或監管當局; 及 (h) 按法例要求或准許的其他人士。

永明可就法例准許或於獲得本人/吾等的同意後披露或將本人 / 吾等的個人資料作其他用途。本人/吾等明白本人/吾等所提供之個人資料均屬自願, 然而倘若未能提供所需個人資料, 可導致永明無法處理本人/吾等的申請或繼續提供服務予本人/吾等。本人/吾等有權查閱及要求更正永明持有有關本人/吾等的個人資料, 有關要求可以書面形式郵寄至香港九龍紅磡紅鸞道 18 號都大中心 B 座地下香港永明金融有限公司客戶服務中心經理。永明可就處理任何該等要求收取合理費用。

“永明集團”指永明及其不時之附屬公司、附屬企業和相聯公司(無論是直接的還是間接的)。

若不同意收取由永明發出的推廣資訊, 請於方格內填上剔號。

DECLARATION AND AUTHORIZATION 聲明及授權

I/WE HEREBY DECLARE AND AGREE that: (a) all the foregoing statements and answers in this claim form together with those in any required medical questionnaire or other document submitted by me/us in connection with this claim are full, complete and true. (b) **Sun Life Hong Kong Limited** (the "Company") may be unable to process this claim if I/we fail to provide any information related to this claim. I/WE FURTHER AUTHORIZE that: (a) any licensed physician, medical practitioner, hospital, clinic or medically related facility, institution, insurance company, government, private office or person that has any record or knowledge or information of me/ the Insured to disclose, release or transfer to **Sun Life Hong Kong Limited** any such record, knowledge or information. (b) the Company or any of its appointed medical/paramedical examiner or laboratory to perform necessary medical assessment and tests to evaluate the health status of me/the Insured in relation to this application. (c) I specifically authorize the disclosure of all information about communicable diseases and infections, including but not limited to any sexually transmitted disease, HIV infection, Acquired Immune Deficiency Syndrome (A.I.D.S.) and A.I.D.S. related complex (A.R.C.). This authorization shall irrevocably bind the successors and assignees of me/the Insured and remains valid notwithstanding death or incapacity. A photostatic copy of this authorization shall be as valid as the original.

本人/吾等聲明及同意下列各點: (甲) 本賠償申請表上所載的聲明及答案, 以及經本人/吾等簽署之所需的醫療問卷或經本人遞其他文件, 均屬真確無訛, 詳細完整。本人/吾等明白倘有任何未知是否於重要事項的資料均須透露。(乙) 倘本人/吾等未能提供此申請所需資料, 可導致**香港永明金融有限公司**(以下稱為「公司」)未能處理此賠償申請。本人/吾等同時授權以下各點: (甲) 任何註冊醫生, 醫院, 診所, 保險公司, 政府部門或任何其他持有有關本人/受保人之個人資料之人士或機構, 向**香港永明金融有限公司**或其代表透露、發放或轉交任何有關資料。(乙) 公司或公司指定之醫護人員或化驗所, 可就此申請, 對本人/受保人進行所需之醫療評估及測試以審核本人/受保人之健康狀況。(丙) 本人/吾等特此授權上述人士或機構透露任何關於傳染性疾病及感染的所有資料, 包括但不限於任何經接觸傳染之疾病、人類免疫力缺乏病毒(HIV) 感染、後天免疫力缺乏病(愛滋病)及愛滋病有關發症。此授權對本人/受保人之繼承人或受讓人具有約束力。即使本人/受保人死亡或無行為能力, 此授權書仍有效力。此授權書的影印本與正本具同等效力。

Signature of Policy Owner 保單主權人簽署 X Name (in block letters) 姓名(大寫)	ID / Passport No. 身份證 / 護照號碼	Date (DD/MM/YY) 日期(日/月/年)
Signature of Insured 受保人簽署 X Name (in block letters) 姓名(大寫)	ID / Passport No. 身份證 / 護照號碼	Date (DD/MM/YY) 日期(日/月/年)

PART II – Attending Physician’s Statement (To be completed by the registered medical practitioner at the Claimant’s expense)

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)

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							
<p>7. (a) Are you the patient’s usual doctor? 閣下是否病人的慣常醫生? <input type="checkbox"/> No 否 <input type="checkbox"/> Yes, since 是, 自 _____ (MM/YY 月/年)</p> <p>(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)</p> <p>(c) Signs and Symptoms at the consultation 求診時之病徵及症狀</p> <p>(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)</p> <p>(e) Final Diagnosis 最後診斷</p> <p>(f) Date of Diagnosis (DD/MM/YY) 診斷日期 (日/月/年)</p> <p>(g) Underlying causes leading to such illness 潛在原因導致該病症</p> <p>(h) Was the patient referred to you by another doctor? 病人是否經其他醫生轉介到閣下? <input type="checkbox"/> No 否 <input type="checkbox"/> Yes, Name & Address of the referral doctor 是, 請提供轉介醫生姓名及地址</p> <p>(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? <input type="checkbox"/> No 否 <input type="checkbox"/> Yes, Name & Address of the doctor or hospital 是, 請提供醫生或醫院名稱及地址</p> <p>(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</p> <p>i) Date of accident (DD/MM/YY) 意外日期 (日/月/年)</p> <p>ii) Cause of accident 意外原因</p> <p>iii) Part of body injured and extent of Injury 身體受傷之部位及受傷程度</p>									
<p>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</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:25%; text-align: left;">Date 日期</th> <th style="width:50%; text-align: left;">Test / Investigation 化驗 / 檢查</th> <th style="width:25%; text-align: left;">Result 結果</th> </tr> </thead> <tbody> <tr> <td style="height: 100px;"> </td> <td> </td> <td> </td> </tr> </tbody> </table>				Date 日期	Test / Investigation 化驗 / 檢查	Result 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:	