

## 乙部 - 危疾 - 急性心肌梗塞

## PART II - CRITICAL ILLNESS - HEART ATTACK

(由主診醫生填寫，所需費用由索償人自行承擔。 TO BE COMPLETED BY THE ATTENDING PHYSICIAN/SURGEON AT THE CLAIMANT'S OWN EXPENSES)

病人姓名 Name of Patient	年齡及性別 Age & Sex	身份證號碼 ID No.	職業 Occupation				
1. 你是否病人慣常求診的醫生? Are you the patient's usual attending physician?	<input type="checkbox"/> 是 YES <span style="float: right;"><input type="checkbox"/> 否 NO</span> 醫療紀錄自 Medical records since _____ (年/月/日) (YY/MM/DD)						
2. 病人是否由其他醫生轉介? Was the patient referred by another physician?	<input type="checkbox"/> 是 YES <span style="float: right;"><input type="checkbox"/> 否 NO</span> 轉介醫生的姓名和地址 Name and address of the referral physician _____						
3. 病人因是次疾病的首次求診日期 Date of first consultation for this illness	_____ (年/月/日) (YY/MM/DD)						
4. 首次求診的病徵及病徵出現日期 Symptoms presented and date of onset during the first consultation	病徵 Symptoms _____ 病徵出現日期 Symptoms Onset Date _____ (年/月/日) (YY/MM/DD)						
5. 診斷結果 Diagnosis of conditions							
6. 診斷日期 Date of diagnosis	_____ (年/月/日) (YY/MM/DD)						
7. 病人何時被告知有關疾病的診斷? When was the patient informed of the diagnosis?	日期 Date _____ (年/月/日) (YY/MM/DD) 醫生姓名 Name of physician _____						
8. 病人曾否患有相關疾病? Has the patient previously suffered from related condition of this illness?	<input type="checkbox"/> 是 YES, 請提供詳情 Please provide details <span style="float: right;"><input type="checkbox"/> 否 NO</span> <table style="width: 100%; border: none;"> <tr> <td style="width: 25%;"><u>日期</u> Date</td> <td style="width: 25%;"><u>醫生/醫院名稱</u> Name of Physician/Hospital</td> <td style="width: 25%;"><u>診斷</u> Diagnosis</td> <td style="width: 25%;"><u>治療詳情</u> Treatment Details</td> </tr> </table>			<u>日期</u> Date	<u>醫生/醫院名稱</u> Name of Physician/Hospital	<u>診斷</u> Diagnosis	<u>治療詳情</u> Treatment Details
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9. 病人是否因任何家族病史或其他因素促使增加患上此疾病的機會? Is there any patient's family history or any precipitating factors which would have increased the risk of this illness?	<input type="checkbox"/> 是 YES, 請提供詳情 Please provide details <span style="float: right;"><input type="checkbox"/> 否 NO</span>						
10. 請提供此疾病的所有求診記錄及治療詳情。 Please provide all the consultation history and details of this illness.	<table style="width: 100%; border: none;"> <tr> <td style="width: 25%;"><u>日期</u> Date</td> <td style="width: 25%;"><u>醫生/醫院名稱</u> Name of Physician/Hospital</td> <td style="width: 25%;"><u>診斷</u> Diagnosis</td> <td style="width: 25%;"><u>治療詳情</u> Treatment Details</td> </tr> </table>			<u>日期</u> Date	<u>醫生/醫院名稱</u> Name of Physician/Hospital	<u>診斷</u> Diagnosis	<u>治療詳情</u> Treatment Details
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11. 請提供此疾病的詳情:  
Please provide the details of this illness:

(a) 病發日期  
Date of Attack

(b) 有否典型的胸痛病歷?  
Was there a history of typical chest pain?

(c) 心電圖報告有否顯示新近具急性心肌梗塞特徵的變化?  
Were there any new characteristic ECG changes indicating a recent acute myocardial infarction at the time of the relevant cardiac incident?

(d) 心臟酵素或肌鈣蛋白有否升高?  
Was there elevation of cardiac enzymes or troponin?

(e) 有否引致心臟肌肉壞死?  
Was there death of a portion of heart muscle resulted?

(a) \_\_\_\_\_ (年/月/日) (YY/MM/DD)

(b)  是 YES, 請提供詳情 Please provide details  否 NO

(c)  是 YES, 請提供詳情 Please provide details  否 NO  
心電圖測試日期 ECG Date \_\_\_\_\_ (年/月/日) (YY/MM/DD)  
變化詳情 Details of ECG Change:

(d)  是 YES, 請提供詳情 Please provide details  否 NO  
檢驗日期 Test Date                      檢驗項目 Test Item                      結果 Result

(e)  是 YES, 請提供詳情 Please provide details  否 NO  
位置 Location \_\_\_\_\_  
原因 Underlying Cause:

12. 所有診斷檢驗的詳情及結果。  
(請提供所有診斷及化驗報告)  
Details of all diagnostic tests performed and the result.  
(Please enclose copies of all diagnostic test and laboratory reports.)

檢驗日期 Test Date                      檢驗項目 Test Item                      結果 Result

13. 病人過往有否右列之病歷/ 習慣?  
Has the patient ever had the medical illness(es) or the habit(s) as listed on the right column?

否 NO

是 YES, 請在適當位置劃上剔號並提供詳情 Please tick where it is appropriate and give details

心臟病 Cardiac problem

高血壓 Hypertension

高血脂 Hyperlipidaemia

糖尿病 Diabetes mellitus

乙型肝炎 Hepatitis B

人類免疫力缺乏病毒感染 HIV infection

曾接受手術 Previous operation

濫用藥物 Drug addiction

吸煙習慣 Smoking habit

飲酒習慣 Drinking habit

其他嚴重、慢性或先天性疾病 Other major, chronic or congenital illness \_\_\_\_\_

詳情 Details:  
診斷日期及醫生名稱 Diagnosis date and name of physician \_\_\_\_\_

病歷之現況 Current condition of the above medical history  
 完全康復 Fully recovered     治療中 On Treatment \_\_\_\_\_

吸煙/飲酒習慣於 Smoking/ Drinking habit since \_\_\_\_\_ 年/月/日(YY/MM/DD)

本人謹此聲明曾為此病人作出診治，而據本人所知所信，以上填報的各項答案均屬正確。  
I hereby certified that I did personally treat this patient and that the answers given above are all true to the best of my knowledge and belief.

主診/專科醫生的姓名 (資歷)  
Name of Attending Physician/Specialist (with qualifications)

地址  
Address

主診/專科醫生簽名 (蓋印)  
Signature of Attending Physician/Specialist (with chop)

日期  
Date