

**HSBC Life - Group Medical Scheme**  
**Hospitalisation and Surgical Medical Claim Form**  
 滙豐保險－團體醫療計劃：住院和手術理賠表格

**EB21**
**Note 注意：**

- 1 Please complete in BLOCK LETTERS. 請用正楷填寫。
- 2 Part I is fully completed & signed by the Insured Employee / Claimant. 理賠表格甲部經由受保僱員／賠償申請人填寫並簽署
- 3 Part II is fully completed & signed by the Attending Physician/Surgeon with chop (to be obtained by Insured Employee/claimant). 理賠表格乙部經由主診醫生／外科醫生填寫，簽署並蓋印(由受保人/索償人索取)
- 4 If the claimant is confined in government hospital (managed by Hospital Authority, ward level), discharge summary would replace the completion of claim form part II. 若賠償申請人入住香港醫管局轄下公立醫院之普通病房，出院摘要可替代索償表之乙部
- 5 Please return the completed form to Employee Benefits Operations Department — HSBC Life — 18/F Tower 1, HSBC Centre, 1 Sham Mong Road, Kowloon, Hong Kong. 請把填妥表格寄至滙豐保險－僱員福利營運部－香港九龍深旺道1號滙豐中心1座18樓。
- 6 Your instruction below will normally be processed within ten working days after we receive your properly-completed form. 本公司收到填妥的表格後，以下指示一般會在十個工作日內處理。
- 7 The claim application of confinement and pre- or post-confinement treatment expenses can be submitted together. However, the claim application must be submitted within 90 days after the completion of treatment for the illness or injury. 理賠申請可連同入院、前或後有關之門診治療費用一并遞交，惟必須於接受傷病治療完結後的90天內提出索償。
- 8 Please ensure completion of the above procedures to avoid unnecessary delay in claim process. 請確保完成以上各項以免延緩理賠進程。
- 9 We will inform you as soon as possible if we require additional information from you or we consider that your claim has to be assessed from third parties (such as doctor, hospital, etc.). As the time required for obtaining the information is variable, the processing time of your claim will likely be lengthened. Any expense incurred will be borne by the Claimant. 若我們有需要就審核是次理賠申請而向閣下索取額外資料或由第三方評估(如醫生、醫院等)，我們會盡快通知閣下。因索取有關資料需時理賠申請的審核時間會較長。所產生之費用須由賠償申請人所承擔。
- 10 HSBC Life has appointed AXA General Insurance (Hong Kong) Limited to provide claims handling under your policy. 滙豐保險委任安盛保險有限公司為您提供及處理索償申請。

**Claims document(s) checklist 索償文件清單：**

- Original receipt(s) of the medical expenses (including deposit receipt) 醫療費用收據正本(包括按金收據)
- Original statement for breakdown of hospital expenses (including daily charges, meal charges and package charges) 醫院收費詳情(包括每日醫療、膳食、套餐收費)
- Copy of settlement advice from other insurer (if applicable) 其他保險公司之賠償結算通知副本(如適用)
- Hospitalisation surgical package charges breakdown (if applicable) 住院/手術套餐費細目(如適用)
- Laboratory test breakdown and amount 化驗詳情及金額
- Drug list (include drug name, dosage, quantity and amount) 藥物詳情(包括藥物名稱、劑量、數量及金額)
- Referral letter(s) for any specialists 任何專科轉介信
- Copy of Histopathology, Laboratory Test Report, Endoscopic, Ultrasonogram, X-Ray, CT Scan, M RI, Diagnostic Written Report(s) and Operating theatre summary (if applicable) 病理學、化驗報告、內窺鏡、超聲波、X光、電腦掃描、磁力共振、手術室摘要及診斷之書面報告副本(如適用)

**Part I — to be completed by the Insured Employee or Claimant 甲部 — 由受保僱員或賠償申請人填寫**

A. PERSONAL INFORMATION 個人資料	
1. Group Medical Policy Number: 團體保單編號：	5. Claimant / Patient HK/ Macau ID Card No : 病者香港/ 澳門身份証號碼：
2. Participating Employer name: 僱主/ 團體保單投保公司名稱：	6. Claimant Member No. (Mandatory field, otherwise claim will not be processed): 賠償申請人成員號碼 (此欄必須填寫否則賠償申請將不獲辦理)：
3. Name of Insured Employee / Member: 受保僱員/ 成員姓名：	7. Contact Phone Number of the Insured Employee: 受保僱員聯絡電話：
4. Name of Claimant / Patient (If different from item 3): 賠償申請人/ 病者姓名(如與第三項不符)：	8. Email Address of the Insured Employee: 受保僱員電郵地址：

B. Details of Pre- and Post-Confinement/ Day Case Procedure outpatient care 入院前或出院後/ 日間手術前後的門診護理
1. (a) Date of outpatient treatment or Date of surgery 門診日期或手術日期 (DD 日/MM 月/YYYY 年) _____
(b) Period of hospitalisation 住院期間 (DD 日/MM 月/YYYY 年 至 DD 日/MM 月/YYYY 年) _____

C. Details of Hospitalisation and Surgery 住院及手術詳情
2. Hospitalisation / surgery was due to 住院/手術原因 <input type="checkbox"/> Illness 疾病 (Please fill in section I 請填寫 I 部) <input type="checkbox"/> Accident 意外 (Please fill in section II 請填寫 II 部)
<b>I. Hospitalisation / surgery was due to illness 因疾病住院/手術</b>
3. Describe the symptoms and how long they have transpired 請詳述病徵及持續多久 _____
4. Have you had any prior treatment for this or related conditions? 您是否曾經接受任何此類或相關疾病的治療? <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 If yes, please provide details below. 如是，請提供以下資料

(a) Physician' s/surgeon' s name 醫生/外科醫生姓名

\_\_\_\_\_

(b) Consultation Date 求診日期 (DD 日/MM 月/YYYY 年)

\_\_\_\_\_

(c) Physician' s/surgeon' s address 醫生/外科醫生地址

\_\_\_\_\_

## II. Hospitalisation / surgery was due to accident 因意外住院/手術

5. Information on the accident 意外資料

(a) Date and time of accident 意外日期及時間 (DD 日/MM 月/YYYY 年)

\_\_\_\_\_

(b) Where did it happen? 意外地點

\_\_\_\_\_

6. Brief description on the accident, part of body injured and type of injury 請簡述意外經過、受傷部位及傷勢

\_\_\_\_\_

## D. Claims with Other Insurance Company 向其他保險公司索償

7. Are you making any other insurance company claim as a result of this hospitalisation/surgery? 有關此次住院/手術，閣下有否申請其他保險賠償？

Yes 是  No 否 If yes, please provide details below and copy of the settlement advice from other insurer 如是，請提供以下資料及提供其他保險公司之賠償結算通知副本

(a) Name of insurance company 保險公司名稱

\_\_\_\_\_

(b) Policy /Member number 保單/會員號碼

\_\_\_\_\_

## E. Request for Document Return 要求退還文件

Please "✓" this box for obtaining Certified True Copy of original invoice(s) and receipt(s) after claim processing. 如欲索取醫生的發票和收據核證副本，請在空格內填上「✓」號。

Note 注意：

(1) Certified True Copy will not be issued if the claims are fully reimbursed. 如索償已獲全數賠償，核證副本將不獲發出。

(2) The originals will not be returned and will only be retained for 3 months from the claim processed date. 正本文件將不獲退還，並將只從索賠處理完成日期起計保留 3 個月。

**F. Personal Information Collection Statement 收集個人資料聲明**

## Data Privacy Notice

Notice relating to the Personal Data (Privacy) Ordinance

**We protect your privacy. Read this notice to find out how we collect, store, use and share your personal data.**

### 1

#### HOW WE COLLECT AND STORE YOUR DATA

##### We collect your data

- when you interact with us, apply for and use our products and services
- visit our websites (please see the “Privacy and Security” section of [www.hsbc.com.hk](http://www.hsbc.com.hk) and refer to “User of cookies policy” for details of how we use cookies)
- from other people and companies, including other HSBC group companies

We may store your data locally or overseas, including in the cloud. We apply our global data standards and policies wherever your data is stored.

We’re responsible for keeping your data safe in compliance with Hong Kong law.

### 2

#### WHAT WE USE YOUR DATA FOR

##### We use your data

- to send you direct marketing if you’ve consented to it
- to consider applications for, offer, provide and manage products and services  
*For example: (i) insurance, annuities, pensions and health and wellness products and services; (ii) educational materials; (iii) products and services relating to campaigns and promotions which you have signed up to*
- to design and improve our products, services and marketing
- to help us and other HSBC group companies comply with laws, regulations and requirements, including our internal policies, in or outside Hong Kong
- to detect, investigate and prevent financial crimes
- for the other purposes set out in section B

### 3

#### WHO WE SHARE YOUR DATA WITH

##### We share your data with

- other HSBC group companies
- third parties who help us to provide services to you or who act for us
- third parties who you consent to us sharing your data with
- local or overseas law enforcement agencies, industry bodies, regulators or authorities
- the other third parties set out in section C

We may share your data locally or overseas.

#### You can access your data

You can request access to the data we store about you. We may charge a fee for this.

You can also ask us to

- correct or update your data
- explain our data policies and practices

#### You control your marketing Preferences

You control whether you receive marketing from us.

You can change this at any time by contacting us.

#### You can contact us

[dfv.enquiry@hsbc.com.hk](mailto:dfv.enquiry@hsbc.com.hk)

The Data Protection Officer  
HSBC, PO Box 72677,  
Kowloon Central Post Office,  
Hong Kong

**F. Personal Information Collection Statement (Cont' d) 收集個人資料聲明 (續)**
**A**
**Collect and store**
**We may collect**

- biometric, medical and health/lifestyle data such as your heart rate, BMI and steps count
- your geographic data and location data based on your mobile or other electronic device
- data from people who act for you or who you deal with through our services
- data from public sources, aggregators and other sources available to us
- data from policyholders or members of our insurance policies of which you benefit from or are insured by

If you don't give us data then we may be unable to provide products or services.

We may also generate data about you

- by combining information that we and other HSBC group companies have collected about you
- based on the analysis of your interactions with us and information which we have collected about you
- through the use of cookies and similar technology when you access our website or apps.

**B**
**Use**
**We use your data to**

- handle and take care of claims
- help us to comply with requirements or requests that we or the HSBC group have or receive such as legal or regulatory in or outside Hong Kong. Sometimes we may have to comply and other times we may choose to voluntarily comply
- conduct identity, medical or credit checks
- create and maintain the credit and risk related models of the HSBC group (such as underwriting models, health and wellness models and models/algorithms for data analytics and artificial intelligence)
- manage our business, including exercising our legal rights
- determine, pay or collect money owed to you or to us
- match data held by HSBC group companies for purposes listed in this notice
- provide personalised advertising to you on third party websites (this may involve us aggregating your data with data of others)
- other uses relating to the above or to which you have consented

**If you provide data about others**

If you provide data to us about another person, you should tell that person how we will collect, use and share their data as explained in this notice.

**C**
**Share**
**We share your data with**

- local or overseas bodies or authorities such as legal, regulatory, law enforcement, government and tax and any partnerships between law enforcement and the financial sector
- any person who is a party to a transaction (or a potential transaction) buying interest or assuming risk in an insurance policy, such as reinsurers
- payment recipients, beneficiaries or any person who act for our customer or you, or anyone whose data is provided for receiving benefits under an insurance policy or otherwise
- hospitals, clinics, medical practitioners, laboratories, technicians, loss adjusters, risk intelligence providers, legal advisers or private investigators who act for us
- any third party who we may transfer our business, policies or assets to so it can evaluate our business and use your data after any transfer
- partners and providers of reward, co-branding or loyalty programs, charities or non-profit organisations
- social media advertising partners (who can check if you have or use our products and services and send our adverts to you and advertise to people who have a similar profile to you)

We may share your anonymised data with other parties not listed above. If we do this you won't be identifiable from this data.

**D**
**Direct Marketing**

This is when we use your data to send you details about financial, insurance, pensions, annuities or related products, services and offers (such as health and wellness) and promotional campaigns provided or hosted by us or our co-branding, rewards or loyalty programme partners, charities or other third party financial institutions and service providers.

We may use data such as your demographics, the products and services that you're interested in, transaction behaviour, portfolio information, location data, social media data, analytics, health and wellness data and information from third parties when we market to you.

**We don't give your data to others for them to market their products and services to you.** If we ever wanted to do this, we'd get your separate consent.

This notice will apply for as long as we store your data. We'll send you the latest version at least once a year. If we use your data for a new purpose, we'll get your consent.

Note: In case of any discrepancies between the English and Chinese versions, the English version shall apply and prevail.

**F. Personal Information Collection Statement (Cont' d) 收集個人資料聲明 (續)****資料私隱通知**

關於個人資料（私隱）條例的通知

**我們致力保護您的私隱。請閱讀此通知，了解我們如何收集、儲存、使用及披露您的個人資料。**

**1****我們如何收集及儲存您的資料****我們收集您資料的途徑包括**

- 您與我們互動，向我們申請及使用我們的產品和服務
- 您瀏覽我們網站（有關我們如何使用「cookies」的詳情，請參閱我們網站 [www.hsbc.com.hk](http://www.hsbc.com.hk) 進入「私隱與保安」閱覽「Use of cookies 政策」）
- 其他人士及公司（包括其他滙豐集團旗下公司）

我們可能將您的資料儲存於本地或海外，包括雲端。無論您的資料儲存於何處，均受我們的環球資料標準及政策約束。

我們有責任根據香港法律保護您的資料安全。

**2****我們如何使用您的資料****我們將您的資料用於**

- 經您同意後向您發送直接促銷資料
- 考慮申請、為您推薦、提供及管理產品與服務  
*例如：(i) 保險、年金、退休金、健康與保健產品及服務；(ii) 教育材料；(iii) 關於您已報名參與之活動及推廣的產品與服務*
- 設計及改進我們的產品、服務及市場推廣活動
- 幫助我們及其他滙豐集團旗下公司遵守香港或其以外的國家或地區的法律、法規和要求，包括我們的內部政策
- 偵測、調查及預防金融罪案
- B 部分所列的其他目的

**3****我們與誰披露您的資料****我們與下列人士披露您的資料**

- 其他滙豐集團旗下公司
- 幫助我們向您提供服務或代表我們行事的第三方
- 您同意我們與之披露您資料的第三方
- 本地或海外執法機構、行業組織、監管機構或權力機關
- C 部分所列的其他第三方

我們可能在本地或海外披露您的資料。

**您可查閱自己的資料**

您可要求查閱我們所儲存有關您的資料。我們可能就向您收取費用。

您可要求我們

- 改正或更新您的資料
- 說明我們的資料政策及慣例

**您可控制自己的市場推廣偏好**

您可控制您會否從我們收取市場推廣資料。

您可隨時聯絡我們對此作出更改。

**您可聯絡我們**

[dfv.enquiry@hsbc.com.hk](mailto:dfv.enquiry@hsbc.com.hk)

資料保護主任

香港上海滙豐銀行有限公司  
香港九龍中央郵政局  
郵政信箱72677

**F. Personal Information Collection Statement (Cont' d) 收集個人資料聲明 (續)**

**A**

**收集及儲存**

**我們或會**

- 收集生物辨識、醫療及健康/生活模式資料，例如您的心跳率、身高體重指數及步數統計
- 基於您的流動或其他電子裝置收集您的地域及位置資料
- 從代表您的人士或您透過我們服務與之往來的人士收集資料
- 從公開渠道、資料整合機構及其他我們接觸得到的渠道收集資料
- 從您受益或受保於我們的保險下的保單持有人或保單成員收集資料

若您不向我們提供資料，我們可能無法提供產品或服務。

我們亦可能透過以下途徑衍生有關您的資料

- 整合我們及其他滙豐集團旗下公司收集的有關您的資料
- 分析您與我們的互動及我們已收集得來有關您的資料
- 於您瀏覽我們網站或應用程式時使用 cookies 或類似技術

**B**

**使用**

**我們將您的資料用於**

- 處理及安排索償
- 幫助我們遵守包括香港或其以外的地區或國家的法律或監管機構對我們或滙豐集團現有或所收到的相關監管規定或要求。這些監管規定或要求可能是我們必須遵從或選擇自願遵從的
- 進行身份審查、身體檢查或信用審查
- 設立及維持滙豐集團的信貸及風險相關準則（例如承保準則、健康及保健準則，以及用於資料分析及人工智能的準則/算法）
- 管理我們業務，包括行使我們的法律權利
- 釐定、支付或收取欠您或欠我們的款項
- 與滙豐集團旗下公司所持有的資料核對，以供作本通知所列明的用途
- 於第三方網站上為您提供個人化廣告（這可能涉及我們將您與他人的資料進行整合）
- 與上述用途相關或經您同意的其他用途

**若您提供他人的資料**

若您向我們提供有關其他人士的資料，您應按本通知所述，告知該人士我們將如何收集、使用和披露其資料。

**C**

**披露**

**我們與下列人士披露您的資料**

- 本地或海外的法律、監管、執法、政府和稅務等機構或權力機關，以及執法機構與金融業界之間的任何合作夥伴
- 交易(或潛在交易)下收購保單權益或承擔保單風險的一方，例如再承保人
- 收款人、受益人或任何為我們的客戶或您行事的人；或任何為收取保單賠償或為其他目的而資料被提供的人
- 代表或為我們提供服務的醫院、診所、醫生、化驗所、技術員、理賠員、風險情報提供機構、法律顧問或私家偵探
- 我們可能轉讓業務、保單或資產的任何第三方，以便其評估我們的業務及在轉讓後使用您的資料
- 獎賞、合作品牌或忠誠計劃的合作夥伴及供應商，以及慈善或非牟利機構
- 社交媒體廣告合作夥伴（可查看您是否擁有或使用我們的產品及服務，並向您及與您個人資料相似的人士發送我們的廣告）

我們可能與上文並未列出的其他人士披露您的匿名資料。在此情況下，有關資料將無法識別出您的身分。

**D**

**直接促銷**

指我們使用您的資料向您發送由我們或我們的合作品牌、獎賞或忠誠計劃合作夥伴、慈善機構或其他第三方金融機構及服務供應商所提供或舉辦的金融、保險、退休金、年金或相關產品、服務和優惠詳情（例如健康與保健）及推廣活動的詳細資料。

向您進行市場推廣時，我們或會使用您的資料，例如人口統計資料、您感興趣的產品及服務、交易行為、投資組合資料、位置資料、社交媒體資料、分析、健康及保健資料和來自第三方的資料。

**我們不會向他人提供您的資料，以供其向您推廣產品及服務。**如有此意，我們會另行徵求您的同意。

本通知於我們儲存您的資料期間適用。我們亦會每年向您提供此通知的最新版本。若我們將您的資料用於新用途，則會徵求您的同意。

注意：中英文本如有任何歧義，概以英文本為準。

**G. Declaration and Authorisation 聲明及授權**

I/We hereby certify that the answers and statement given above are true and complete to the best of my/our knowledge and that I/We have withheld no material fact. 本人(等)在此聲明以上所提供的資料均屬正確無訛且並無缺漏。

I/We authorise any physician, hospital, clinic, insurance company or other individual organisation or government office that has any records or knowledge of my/our health, to disclose to HSBC Life (International) Limited or its representative any information relevant to this claim. This authority shall remain valid notwithstanding my death or incapacity and a copy of this authorisation shall be as effective and valid as the original. 本人(等)授權任何知道本人健康情況及據知任何紀錄之醫生、醫院、診所、保險公司或其他私人、政府機構向滙豐人壽保險(國際)有限公司或其代表提供本人(等)之有關資料。此授權書於本人(等)死亡或喪失能力後依然生效。本授權書之影印本亦屬有效。

By signing below, I/we agree that the Company may use and disclose all personal data about me/us that the Company currently or subsequently holds for the purposes as set out in the Notice relating to the Personal Data (Privacy) Ordinance above. 本人(等)在下方簽署即同意貴公司可按本表格隨附的關於個人資料(私隱)條例的通知內列出的用途使用及披露貴公司現時或其後持有有關本人(等)的全部個人資料。

受保僱員/ 成員簽署

Signature of Insured Employee / Member

賠償申請人/ 病者簽署(18歲或以上)

Signature of Claimant / Patient (18 years of age or over)

簽署日期(日/月/年)

Date Signed (DD/MM/YYYY)

**For Bank Use Only**
 Insured Employee / Member identity copy attached

 Claimant / Patient identity copy attached

Branch Chop

Staff Name

Staff ID No.

Contact no.

Servicing Staff IA no.

Servicing Staff RI no.

Branch no.

**HSBC Life (International) Limited**  
**滙豐人壽保險(國際)有限公司**
*Incorporated in Bermuda with limited liability 於百慕達註冊成立之有限公司*
*Hong Kong SAR Office : 18/F, Tower 1, HSBC Centre, 1 Sham Mong Road, Kowloon, Hong Kong*
*香港特別行政區辦事處地址 : 香港九龍深旺道1號滙豐中心1座18樓*
*Tel 電話 : 2288 6622 Fax 圖文傳真 : 3418 4976*
*Medical Service Hotline 醫療服務熱線 : 2288 9045*

**Part II — to be completed by the attending physician/surgeon at the claimant's own expenses**  
**乙部 — 由主診醫生填寫，所需費用由索償人自行承擔**

A. Details of Patient 病者資料	
1. Name of patient 病者姓名:	2. Date of birth 出生日期 (dd 日/mm 月/yyyy 年)
3. HK/ Macau ID card / Passport no. 香港/澳門身份證/護照號碼:	4. Age 年齡:
B. Clinical History 臨床病歷	
5. (a.) Date of first consultation 首次看診日期 (dd 日/mm 月/yyyy 年) _____ (b.) Symptom(s) / chief complaints(s) presented onset date 出現病徵/主訴病徵日期(dd 日/mm 月/yyyy 年) _____	
6. Hong long had the patient been experiencing these symptoms before the first consultation? 病者在首次求診前患有該病徵有多久?	
7. Is it a chronic / recurrent illness? 是否慢性/復發疾病? <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	
8. Diagnosis of condition (ICD 10 Codes 國際疾病分類代碼) 病情診斷:	
C. About Hospitalisation / Day Case Procedure / Advanced Diagnostic Imaging Test 有關住院/日間手術/先進影像診斷檢查	
9. (a.) Name of hospital / day case procedure centre / medical clinic 醫院/日間手術護理中心/醫療診所名稱 <input type="checkbox"/> Inpatient 住院 <input type="checkbox"/> Hospital OPD 醫院門診 <input type="checkbox"/> Day Centre 日間中心 <input type="checkbox"/> Clinic 診所 _____ (a) Bed class 住院級別 <input type="checkbox"/> Private 私家房 <input type="checkbox"/> Semi-private 半私家房 <input type="checkbox"/> Ward 大房 <input type="checkbox"/> Hospital day ward 醫院日症 <input type="checkbox"/> Day case procedure centre 日間手術護理中心 / Medical clinic 醫療診所 (b) Date of admission / treatment 入院/治療日期 (dd 日/mm 月/yyyy 年) _____	
10. Final diagnosis at the time of discharge 出院時最後的的診斷	
11. Name of surgery / treatment 手術或治療名稱	
12. Has the patient been consulted by other Physician/ Surgeon(s) during this hospitalisation? 病者曾否於住院期間向其他醫/外科醫生求診? <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 (a) Name of Physician/ Surgeon 醫生/外科醫生姓名 _____ (b) Reason 原因 _____ (c) Treatment Performed 治療詳情 _____	
13. Please provide details of the hospitalisation, including treatment, investigations, tests conducted, on-going treatment and recovery plan. 請提供是次住院詳情，包括相關治療，檢查，測試結果，持續治療及康復計劃。	
14. Did the patient take any home leave during the hospital confinement? 病者是否於住院期間離院? <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 If yes, please specify the reason and the period of home leave 如有，請註明該離院時段和原因	
15. Please provide details of the period of hospitalisation including reasons for number of days as in-patient. 請提供是次持續留院日數及其原因。	
16. Is it possible that the treatments / investigations of the patient be managed on an out-patient basis? 病者的治療 / 檢查是否可在門診進行? <input type="checkbox"/> Yes 是 Please provide reason(s) for this hospitalisation 請提供是次必須留院受治療之原因 _____ <input type="checkbox"/> No 否 Please provide reason(s) 請提供原因 _____	



**D. PROFESSIONAL COMMENT 專業意見**

17. (a.) In your opinion, was the hospitalisation a result of recurrent episode/chronic illness or related to a previous condition? 您認為是次住院是因為複發性 / 長期疾病或之前的疾病 / 意外?

 Yes 是  No 否 If yes, please provide dates and details. 請提供日期和說明細節

(i) Date 日期(dd 日/mm 月/yyyy 年) \_\_\_\_\_

(ii) Details 細節 \_\_\_\_\_

(b.) Was the condition due to or associated with the following? 上述情況是否與以下問題有關?

Accidental bodily injury 意外身體受傷	Self-inflicted injury 自我傷害	Abuse of drugs or alcohol 濫用藥物或酒精
Mental disorder 精神紊亂	Refractive error 屈光不正	Developmental condition 發育問題
Infertility or sterilisation 不育或絕育	Contraception 避孕	Treatment for cosmetic purpose 美容性質的治療
Vaccination 疫苗接種	Pregnancy 懷孕	Congenital condition 先天性疾病/異常
Hereditary condition 遺傳性問題	General check-up 一般身體檢查	

**E. About the Cancer Treatment 癌症 / 腫瘤相關疾病**

18. (a.) Type of treatment administered 治療種類

Surgical 外科治療	Chemotherapy 化療	Hormonal Therapy 荷爾蒙治療
Target therapy 標靶治療	Radiotherapy 電療	Immunotherapy 免疫療法
Other 其他		

(b.) Date of treatment 治療日期 (dd 日/mm 月/yyyy 年) \_\_\_\_\_

19. Please provide details of the treatment including drug name, dosage, frequency and duration of treatment, all other types of treatment and any complications 請提供治療細節如藥物名稱, 藥物劑量, 治療頻率, 持續治療的時間及其他治療類別和其併發症

**F. About the Health History 有關診治記錄**

20. Has the patient previously suffered from related conditions of this illness? If yes, please provide the dates of physician' s/ surgeon' s consultation/ hospital admission, details of conditions and diagnosis 病者曾否出現與此疾病相關的徵狀? 如有, 請提供醫生/外科醫生就診日期, 入院日期, 有關徵狀及診斷

 Yes 是  No 否 

Date of physician' s/ surgeon' s consultation or hospital admission 醫生/外科醫生就診或住院日期 (dd 日/mm 月/yyyy 年)	Name of physician/ surgeon or hospital 醫生/外科醫生姓名或醫院名稱	Complaints and symptoms 病徵	Diagnosis 診斷	Treatments given (please state name of surgical procedure if performed or to be performed 所提供的治療 (請列明已接受或將會進行的手術名稱)

**G. Other 其它**

 10. (a.) Are you the patient' s usual physician/ surgeon? 您是否該病者的慣常醫生/外科醫生?  Yes 是  No 否

(b.) Referring physician' s/ surgeon' s name, telephone and address, if applicable 轉介醫生/外科醫生的姓名, 電話和地址, 如適用

(i) Name of physician/surgeon 醫生/外科醫生姓名 \_\_\_\_\_

(ii) Telephone 電話號碼 \_\_\_\_\_

(iii) Address 地址 \_\_\_\_\_

**H. Declaration and Authorisation 聲明及授權**

I HEREBY DECLARE AND AGREE that all statements and answers to all questions are to the best of my knowledge and belief complete and true.

本人謹此聲明及同意上述一切陳述及問題的所有答案, 就本人所知所信, 均為事實全部並確實無訛。

 \_\_\_\_\_  
 Name of attending physician/surgeon (with qualifications) 主診/外科醫生姓名 (資歷)

Address 地址 \_\_\_\_\_

 \_\_\_\_\_  
 Signature and name chop of attending physician/ surgeon 主診/外科醫生簽名及蓋章

Telephone &amp; Date 電話號碼和日期 \_\_\_\_\_