

Attending Physician Statement (To be completed by attending physician) Applicable to Private Hospital Confinement
主診醫生報告 (由主診醫生填寫) 適用於入住私家醫院之索償

Patient's information 病人資料												
Name (English) 姓名(英文)			Age 年齡			HKID No./Passport No. 香港身份証/護照號碼						
Patient's medical history 病人病史												
Date of injury occurred or symptom(s) first appeared 受傷或首次出現病徵日期			Date of first consultation with you 閣下首次診治日期			Was the patient referred by any other doctor? 是次情況是否由其他醫生轉介？						
DD 日			MM 月	YYYY 年	DD 日	MM 月	YYYY 年	☐ Yes 是 ☐ No 否				
Diagnosis 診斷						If yes, please state name of the doctor 如是，請提供轉介醫生姓名：						
						Date of first consultation with referring doctor 轉介醫生首次診治日期						
						DD 日				MM 月	YYYY 年	
To the best of your knowledge, has the patient ever had the same or similar condition(s) or symptom(s)? 據你所知，病人以往曾否出現同樣或類似的病況？ If yes, please state dates and conditions / symptoms 如是，請提供日期及詳情：						☐ Yes 是 ☐ No 否				Was the condition caused by any underlying disease? 是次情況是否由其他潛在疾病導致？ If yes, please state dates and conditions / symptoms 如是，請提供日期及詳情：		
Is the diagnosis due to or associated with any of the following? 診斷是否由下列情況導致或者有關？												
(a) Congenital anomalies? 先天性異常			☐ Yes 是 ☐ No 否		(e) Refractive error or correction of eyesight? 視力矯正			☐ Yes 是 ☐ No 否				
(b) Heredity condition? 遺傳性疾病			☐ Yes 是 ☐ No 否		(f) Cosmetic or plastic surgery? 美容或整形手術			☐ Yes 是 ☐ No 否				
(c) Pregnancy or childbirth? 懷孕或分娩			☐ Yes 是 ☐ No 否		(g) Routine medical check-up? 例行醫療檢查			☐ Yes 是 ☐ No 否				
(d) Drugs or alcohol? 酒精或藥物影響			☐ Yes 是 ☐ No 否		(h) Mental or nervous disorders? 精神或心理病			☐ Yes 是 ☐ No 否				
Name of hospital 醫院名稱												
Date of admission 入院日期				DD 日	MM 月	YYYY 年	Date of discharge 出院日期			DD 日	MM 月	YYYY 年
Major complaints of the patient 病人主要病徵												
(i) Can the treatment and medical test(s) be managed under an outpatient or day care setting? 是次治療和醫學檢查是否可以在門診或日間護理環境下處理？ If yes, please explain why hospital confinement was arranged. 若然可以，請解釋為何安排住院。										☐ Yes 是 ☐ No 否		
(ii) Did the Patient take any home leave during such hospitalization? 病人有否在住院期間請假外出？ If yes, please provide the date, time & reason(s) of the home leave taken. 如有，請列明外出之時間，日期及原因。										☐ Yes 是 ☐ No 否		

In the case of injury, were the patient’s complaints solely caused by this current accident? If not, is there any connection with a previous accident or any other causes? Please specify.
如屬受傷個案，病人之主要病徵是否只因最近之意外引致? 如不是，這會否與之前之意外或其他原因有關? 請提供詳情。

Brief discharge summary (including treatments, investigation procedures, results, and/or any complications and follow-up plan)
出院概況 (包括診治、檢查程序、結果、併發症及覆診計劃)

If the patient had a surgical procedure, please fill in the boxes below 如果病人有接受手術，請提供

Name and nature of the procedure 手術名稱及性質

Date of the surgical procedure 手術日期

DD
日

MM
月

YYYY
年

Declaration 醫生聲明

I hereby certify that the facts given above are true to the best of my knowledge. 本人在此證明以上所有事實是根據本人所知及正確無誤。

Name of attending physician/specialist
主診醫生姓名

Signature and chop
簽名及蓋章

Qualifications
專業資格

Hospital
醫院

Telephone no. 電話號碼

Date
日期

DD
日

MM
月

YYYY
年