中國太平洋人壽保險(香港)有限公司
China Pacific Life Insurance (H.K.) Co. Ltd.

中国太平洋保险
China Pacific Insurance

危疾問卷 Critical Illness Questionnaire - 癌症 Cancer

由註冊專科/腫瘤專科醫生填寫 (費用由索償人支付) To be completed by Registered Specialist / Oncologist (at claimant's expenses)

病人姓名 Name of Patient	身份證 / 護照號碼 ID Card / Passport No.	年齡 Age	性別 Sex

1 a) 請提供以下診治日期 Please provide the following consultation dates :

病人的首次求診日期可追溯至
Patient's first consultation date can trace back to

_____ (日 DD/月 MM/年 YY)

病人首次就癌症相關症狀而向閣下求診之日期
First consultation date of the patient to you for Cancer related conditions

_____ (日 DD/月 MM/年 YY)

b) 病人在首次求診上述病症時的體徵及病徵為何? What were the signs and symptoms of the patient at first consultation for the above illness?

c) 根據病人所述，有關的體徵及病徵於何時首次出現? According to the patient, when did the signs and symptoms first present?

_____ (日 DD/月 MM/年 YY)

d) 根據閣下意見，您認為病人已患有此病症多久? In your opinion, how long has the patient suffered from this illness?

e) 請提供就此病曾進行的檢驗及附上所有檢驗報告的副本。Please provide details of tests / investigations done for this illness and enclose a copy of the reports to us.

日期 Date (日 DD/月 MM/年 YY)	檢驗 Tests / Investigations	結果 Result

f) 最後診斷名稱 Final Diagnosis:

_____

診斷日期 Diagnosis Date:

_____ (日 DD/月 MM/年 YY)

g) 請提供診斷的全部細節及其臨床依據。 Please provide full details of the diagnosis and its clinical basis.

h) 病人是否由其他醫生/ 醫院轉介給閣下？Was the patient referred to you by other doctor/ hospital?

❑ 否 No ❑ 是，請提供詳情 :
Yes, please provide details:

i) 閣下曾否轉介病人予其他專科醫生? Did you refer the patient to any specialist for further management?

❑ 否 No ❑ 是，請提供詳情 :
Yes, please provide details:

j) 病人的家族史是否有可能增加患上此病症的風險? Would the patient's family history increase the risk of suffering from this illness?

❑ 否 No ❑ 是，請提供詳情 :
Yes, please provide details:

2 a) 是否屬於原位癌? Is it a cancer-in-situ?

❑ 否 No ❑ 是，請提供詳情 :
Yes, please provide details:

b) 請提供癌症的分期並附上有關的病理報告副本以供參考。 Please provide the cancer staging and a copy of the histological pathology report for reference.

c) 腫瘤是否只於局部及原地生長? Is the tumour localized?
❑ 否 No ❑ 是，請提供詳情 :
Yes, please provide details:

d) 是否已侵入相鄰組織? Is there any invasion of adjacent tissues?
❑ 否 No ❑ 是，請提供詳情 :
Yes, please provide details:

e) 是否涉及淋巴組織? Are regional lymph nodes involved?
❑ 否 No ❑ 是，請提供詳情 :
Yes, please provide details:

f) 是否已轉移? Are there any distant metastases?
❑ 否 No ❑ 是，請提供詳情 :
Yes, please provide details:

g) 若屬繼發性癌症，請提供其原發性癌症的部位、診斷、發病日期及首次診治的醫生/醫院名稱。If it is a secondary cancer, please provide primary site, diagnosis, symptom onset date and name of the first attending doctor/ hospital.

3 a) 病人曾否因此病而入住醫院? Has the patient been hospitalized due to this illness?
❑ 否 No ❑ 是，請提供醫院的名稱及住院日期
Yes, please provide hospital name & confinement period

b) 曾接受之手術、手術日期及外科醫生姓名 。Surgery performed with dates and surgeon's name.

c) 請總括曾給予病人的治療、檢驗及結果。Summary of medical treatment given and tests performed with results.

d) 請提供現時和將來的治療計劃，包括治療類型、方法、頻率和時段等。Please provide details of current and future planned treatments, e.g. type, method, frequency and duration of treatment, etc.

e) 病人的預後情況是甚麼? What is the prognosis of the patient?

4 據閣下所知，病人曾否有以下的習慣或狀況? 如有，請圈出並提供有關詳情。According to your knowledge, does the patient ever have any habit or medical conditions as listed below? If yes, please circle the appropriate and provide details.

吸煙 Smoking / 濫用藥物或酒精 Abuse of Drugs or Alcohol / 自招損傷 Self-inflicted Injury / 曾接受外科手術 Previous Operation / 後天免疫力缺乏症或人體免疫力缺乏病毒有關的疾病 AIDS or HIV Related Illness / 先天性疾病 Congenital Condition / 遺傳性疾病 Hereditary Condition / 長期病患 Chronic Disease / 長期傷殘 Long Term Disabilities / 以上皆非 None of the above.

詳情 Details：

5 其他備註 Other remarks:

簽署 (蓋章) Signature (with chop)

醫生姓名 (資格) Name of Doctor (with qualifications)

診所/醫院電話 Clinic / Hospital's Phone No.

日期 Date (日 DD/月 MM/年 YY)

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