



Patient Admission Form 病人申請接受治療表格

PERSONAL INFORMATION 個人資料

Name in English 英文姓名: _____ Name in Chinese 中文姓名: _____
 HKID Card no. 身份證號碼: _____ Nationality 國籍: _____
 Date of Birth 出生日期: _____ Age 年齡: _____
 Sex 性別: _____ Telephone no. 聯絡電話: _____
 Email 電郵: _____ Home no. 住宅電話: _____
 Address 居住地址: _____
 Emergency contact 緊急聯絡人⁽¹⁾: _____ Emergency contact mobile 緊急聯絡人電話: _____

Relationship of emergency contact person 與緊急聯絡人關係: _____

Electronic Patient Record Number 電子病歷編碼: _____

From which channel(s) do you learn about our Centre? 你從何處得知本中心? _____

(1) 請填寫兩名緊急聯絡人之資料，以便中心職員於緊急時能聯絡病人之親屬。Please provide two emergency contacts as we can contact the relatives of the patient immediately while in the emergence.

MEDICAL HISTORY 病歷

Referred by 轉介: Hospital 醫院 _____ Name of Doctor 醫生姓名: _____

Received treatment period from 曾接受治療期由: ____yy(年) ____mm(月) To (至) ____yy(年) ____mm(月)

Currently receiving treatment 現時接受治療方法:

Peritoneal dialysis 腹膜透析 / Haemodialysis 血液透析 (Delete which inapplicable) (請刪去不適用者)

Areas currently receiving treatment 現時接受治療地方:

Home 家居 / Hospital 醫院 _____ (Delete which inapplicable) (請刪去不適用者)

藥物敏感 Drug Allergy:

To cause disease (if any) 至病原因 (如有):

Please send us the admission form with: 1. Doctor referral letter listed medical history and drugs currently received, 2. The last two HD treatment report, 3. The latest laboratory test result of kidney function, liver function, hemoglobin, hepatitis B, hepatitis C and HIV to office@polccf-dialysis.org.

請把此表格連同: 1. 列明病歷及及現正接受之藥物名稱之醫生信、2. 最近兩次洗腎報告、3. 最近之報告結果，包括:腎、肝、血色素、乙型肝炎、丙型肝炎及愛滋病測試報告電郵至 office@polccf-dialysis.org。

For office use only:

Interviewed by: _____ Date: _____ Seen by: _____ Date: _____

Name and Signature of nurse

Name and Signature of doctor

Payment deposit record: _____

Haemodialysis starts: Date: _____ Day of week: _____ AM/PM