



醫療報告及病人資料申請表格

**MEDICAL REPORT / PATIENT'S INFORMATION APPLICATION FORM**

(Please read the "Notes of Application for Medical Report / Patient's Information" before completing this form)

Except with the consent of the individual concerned, the personal data collected in this Form will be used for the purpose of processing this application and other directly related purposes only.

(在填寫本表格前請先參閱"醫療報告及病人資料申請須知")

除獲得有關個人的同意外，本表格收集的個人資料只可用於處理此項申請及其他與之直接有關的目的。

**1. PARTICULARS OF PATIENT 病人個人資料**

(a) Name 姓名: (English 英文) \_\_\_\_\_ (Chinese 中文) \_\_\_\_\_

(b) Sex 性別:  Male 男  Female 女 Age 年齡: \_\_\_\_\_ Date of Birth 出生日期: \_\_\_\_\_

(c) HKID Card No. 香港身份證號碼: \_\_\_\_\_ OR 或 Passport No. 護照號碼: \_\_\_\_\_

(d) Address 地址: (The hospital will send the medical report/patient's information to the following address by "Registered Post" if the patient is the applicant 如病人為申請人，醫療報告/病人資料將以掛號形式寄往下述地址)

\_\_\_\_\_

(e) Daytime Telephone No. 電話號碼(日間): \_\_\_\_\_ Other Contact No. 其他聯絡電話號碼: \_\_\_\_\_

**2. NATURE OF REQUEST 申請項目 (PLEASE CHOOSE ONE ONLY 只可選擇其中一項)**

Medical Report 醫療報告  Medical Certificate 醫生證明書 From 由 \_\_\_\_\_ To 至 \_\_\_\_\_

Birth Date & Time 出生日期及時間  Sick Leave Certificate 病假證明書 From 由 \_\_\_\_\_ To 至 \_\_\_\_\_

Proof of Date of Death 死亡日期證明  Date of Admission & Discharge 出入院日期

Attendance Record 到診記錄  Hospital Number & OPD Number 住院號碼及覆珍編號

Certificate of an Employee's Permanent Unfitness for a Particular Type of Work 證明僱員永久不適合擔任某類工作證明書

<Please read the Notes of Application for (Form 1) 請先參閱(表格一)的申請須知>

Others: \_\_\_\_\_

**3. HOSPITALIZATION / FOLLOW-UP RECORD 急症/住院/覆診記錄**

(Note: For doctors' reference only 請注意：以下要求只供醫生作參考用途)

(a) **Must be Completed 必須填寫** Specialty 專科部門: \_\_\_\_\_

(b) Admission Information 入院資料

AE/Hospital Number 急症/住院號碼: \_\_\_\_\_ Request Period 申請期間 From 由 \_\_\_\_\_ To 至 \_\_\_\_\_

AE/Hospital Number 急症/住院號碼: \_\_\_\_\_ Request Period 申請期間 From 由 \_\_\_\_\_ To 至 \_\_\_\_\_

(c) Follow-up Information 覆診資料

OPD Number 覆珍編號 \_\_\_\_\_ Request Period 申請期間: From 由 \_\_\_\_\_ To 至 \_\_\_\_\_

**4. REASON FOR APPLICATION 申請原因**

(Note: For doctors' reference only 請注意：以下要求只供醫生作參考用途)

Insurance claim 申索保險賠償 ( Claim Form Attached 保險表格附上)

If the claim form is being completed, no additional medical summary will be given. 如醫生已填寫附上的保險表格，則不會另外附上一份醫療報告。

Employee compensation claims 申索工傷賠償

Legal proceeding 法律申訴程序用途

Support of application for family reunion 協助申請家人團聚

Clinical Follow-up 醫療參考

Immigration / Visa Application 申請移民 / 簽證

Personal Record 個人記錄

Others-Please Specify 其他-請註明 \_\_\_\_\_

(Please ✓ in the appropriate box - 請在適當方格填上 ✓ 號)

## 5. PARTICULARS OF APPLICANT 申請人資料

(To be completed if the applicant is a person other than the patient 如病人為申請人則不需填寫此項)

- (a) Name 姓名: (English 英文) \_\_\_\_\_ (Chinese 中文) \_\_\_\_\_
- (b) Sex 性別:  Male 男  Female 女 HKID Card No. 香港身份證號碼: \_\_\_\_\_ Tel. No. 電話號碼: \_\_\_\_\_
- (c) Address 地址: (The hospital will send the medical report / patient's information to the following address by "Registered Post" 醫療報告 / 病人資料將以掛號形式寄往下述地址予申請人)
- \_\_\_\_\_
- (d) Relationship with patient 與病人之關係: \_\_\_\_\_

Applicant's Signature 申請人簽署: \_\_\_\_\_

Date 日期: \_\_\_\_\_

## 6. PATIENT'S CONSENT 病人同意

(To be completed if the patient is a living individual and over 18 years old 只供年滿十八歲的在生人士填寫)

I consent to have my medical information disclosed to the applicant / concerned authority.

本人同意醫院管理局將本人之病歷資料發放給申請人 / 有關人士。

Patient's Signature 病人簽署: \_\_\_\_\_

Date 日期: \_\_\_\_\_

## 7. CONSENT FROM PATIENT'S / DECEASED NEXT OF KIN 病人 / 死者至親同意書

(To be completed if patient is under 18 years old / patient has deceased 如病人未滿十八歲或已故，請填寫以下資料)

\* Please delete the appropriate item 請刪去不適用的項目

- (a) Name 姓名: (English 英文) \_\_\_\_\_ (Chinese 中文) \_\_\_\_\_
- (b) Sex 性別:  Male 男  Female 女 HKID Card No. 香港身份證號碼: \_\_\_\_\_ Tel. No. 電話號碼: \_\_\_\_\_
- (c) Address 地址: \_\_\_\_\_
- (d) Relationship with \*patient/deceased 與\*病人/死者關係: \_\_\_\_\_

- (e) To be completed if apply for **deceased's** medical report/information 只供申請**已故病人**的醫療報告/資料填寫

### Declaration 聲明

I, declare as follows: 本人聲明如下:

I have applied for or I have been appointed by the Court as the personal representative or one of the personal representatives to administer the deceased's estate.

本人已經向法院申請或已經被法庭委任為死者的唯一或其中一位遺產代理人，管理死者的遺產。

I am entitled to be the personal representative of the Deceased or I can act for and on behalf of all persons who may be entitled to apply for the administration of the Deceased's estate.

本人有權申請成為死者的遺產代理人或本人可作為及代表所有有權申請承辦死者的遺產的人士。

- (f) I consent to have the patient's / deceased's medical information disclosed to the applicant / concerned authority.

本人同意醫院管理局將病人/死者之病歷資料發放給申請人/有關人士。

\_\_\_\_\_  
Patient's / Deceased's Next of Kin's Signature 病人/死者近親簽署

Date 日期: \_\_\_\_\_

### FOR OFFICE USE ONLY 只供有關部門填寫

Applicant's ID checked  Y /  N

Relationship checked  Y /  N

INF  Y /  N

PL  Y /  N

LA  Y /  N

Shroff Office,

Please charge Medical Report at \$ \_\_\_\_\_

.....  
MRO, BBH

(Please ✓ in the appropriate box - 請在適當方格填上 ✓ 號)



白普理寧養中心  
Bradbury Hospice

## 申請醫療報告/病人資料須知

1. 申請人須取得病人/病人合法監護人的同意書或授權書，方可申請有關病人的醫療報告/病人資料。
2. 申請人須取得病人父 / 母 / 監護人同意書方可申請十八歲以下病人的醫療報告/病人資料。
3. 如病人已經去世，則須有病人的委託人之同意，方可申請醫療報告/病人資料。
4. 如有需要，申請人，病人及有關人士等須出示有關證明文件及呈交文件副本，以核實身份，例如：
  - 香港身份証
  - 結婚證明書
  - 出生證明書或法定管養權證明書（若病人在十八歲以下）
  - 遺囑認證或遺產承辦書（若病人身故）
5. 申請人須註明所需資料的專科部門及有關病人接受本院治療的資料，包括日期、診症及住院收據、覆診咭等。
6. 如申請醫療報告是作為賠償用途，請附上有關表格。惟醫生可以書面形式或所提供之表格完成醫療報告。
7. 所有文件/申請表格一經修改，病人須在修改部份加簽。
8. 根據醫院管理局指引，每份醫療報告/每個專科最低收費為港幣\$895，最高收費為\$3580。申請一般病人資料（死亡日期證明、出入院日期證明、出生日期及時間、到診日期、醫生證明書副本），每份收費為港幣\$230。其他特別報告收費，請向本處職員查詢。
9. 申請人士在遞交申請表時，須即時繳交所需費用。申請醫療報告則須繳交最低手續費\$895。支票付款者，請用劃線形式，收款人應為「醫院管理局」。
10. 如未能呈交病人/病人的授權人之同意書或出示有關證明文件正、副本及繳交費用前，有關之申請將不獲處理。
11. 一經申請，所付的一切費用，概不發還。
12. 所有醫療報告/病人資料均用英文書寫。而本院提供的資料將截至申請當日為止或由負責填寫醫療報告的醫生決定。
13. 每份醫療報告/病人資料需時最少五星期才能完成。如對報告有修正的要求，必須交回報告之正本。惟報告能否修正，將由本院及醫生作最後決定。
14. 本院發出之醫療報告/病人資料，會以掛號形式郵寄予申請人。如有特別要求，請在申請時註明。
15. **郵寄申請及查詢**

地址：新界沙田亞公角山路十七號，行政部，白普理寧養中心  
辦公時間：星期一至星期五：上午九時至下午五時三十分  
(午膳時間：下午一時至二時)  
星期六、日及公眾假期休息  
查詢電話：(852) 2645 8895  
傳真號碼：(852) 2637 4111

### **親臨辦理**

地址：新界沙田亞公角山路十七號，地下接待處  
辦公時間：星期一至星期五：上午九時至下午五時三十分  
(午膳時間：下午一時至下午二時)  
星期六、日及公眾假期休息

備註：申請醫療報告時所提交的同意書／授權書必須為「正本」或「已確認為正本之影印本」。



## Notes of Application for Medical Report /Patient's Information

1. Consent of patient / patient's legal guardian should be obtained for an applicant to apply for the patient's medical report / patient's information.
2. Consent of patient's parent / guardian should be obtained for an applicant to apply for the medical report / patient's information if the patient is under 18 years of age.
3. Consent of patient's personal representative should be obtained for an applicant to apply for the medical report / patient's information if the patient is a deceased.
4. All relevant supporting documents of the applicant, patient, and concerned parties should be presented for verification of identity upon request. Copy of the documents may be required if necessary. Examples of the supporting documents are:
  - Hong Kong Identity Card
  - Marriage Certificate
  - Birth Certificate or Legal Custody Paper (if the patient is under 18)
  - Probate or Letter of Administration (if the patient is deceased)
5. The specialty responsible for completion of medical report / patient's information and all relevant information about the attendance of the patient, including dates, receipts and follow-up card must be specified upon submission of request.
6. If the reason for request is "Claim for Compensation / Insurance", please attach the relevant insurance form. Doctor will complete the medical report either in essay form or in the provided form.
7. An authorized signature of the patient is required if there is any amendment made on the documents / application form.
8. According to the policy of Hospital Authority, a minimum of \$895 per medical report per specialty and subject to a maximum of \$3,580 will be charged. \$230 will be charged for general requests (Proof of Date of Death, Date of Admission & Discharge, Birth Date & Time, Attendance Record, copy of Medical Certificate). Regarding the charges for other special requests, please contact our staff.
9. Charges for all requests should be paid during submission. The minimum charge of HK\$895 should be paid when submitting an application for medical report. Payment by cheque should be crossed and made payable to the 'Hospital Authority'.
10. Under no circumstances will the application for medical report / patient's information be processed without receiving consent from patient or patient's authorized person, checking original and copy of relevant documents and paying the charges.
11. *No refund* of the charge for medical report / patient's information will be made once an application is made.
12. All medical reports / patient's information are written in English. The information provided will be until the date of application or subject to the doctor's decision on the relevancy of the case.
13. Each medical report / patient's information will be completed in no less than five weeks. For any amendment request, please submit the original copy of medical report / patient's information. Please note that such amendment is subject to our doctors / hospital management's final decision.
14. All medical report / patient's information will be sent to the applicant by "Registered Post" unless specified upon application.
15. **Mail Application & Enquiry**
  - Address: Administration Department, Bradbury Hospice,  
17 A Kung Kok Shan Road, Shatin
  - Office hour: Monday – Friday: 9:00am to 1:00pm & 2:00pm to 5:30pm  
Saturday / Sunday / Public Holiday: closed
  - Enquiry Phone Number: (852) 2645 8895
  - Facsimile Number : (852) 2637 4111

### **In-person Application**

- Address: Reception Counter, G/F, Bradbury Hospice,  
17 A Kung Kok Shan Road, Shatin
- Office hour: Monday – Friday: 9:00am to 1:00pm & 2:00pm to 5:30pm  
Saturday / Sunday / Public Holiday: closed

**Remarks:** "Original consent" or "certified true copy" of the consent is required for application of medical report / patient's information.