



PRINCE OF WALES HOSPITAL
威爾斯親王醫院

醫療報告及病人資料申請表格

MEDICAL REPORT / PATIENT'S INFORMATION APPLICATION FORM

(For Office Use Only 只供有關部門填寫)

MRO/MR _____

Date: _____

1. **NAME OF INSTITUTION FROM WHICH INFORMATION IS REQUESTED** 要求提供資料的醫院/診所名稱

2. **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: _____

3. **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

Discharge Slip 出院紙 Attendance Record 到診紀錄 Medical Expenses Record 醫療費用紀錄

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>

*Please fill in for doctor's reference 請提供予醫生參考: Job Title of Employee 僱員職位 _____

Others 其他: _____

4. **HOSPITALIZATION / FOLLOW-UP RECORD** 急症/住院/覆診紀錄

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 急症/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 覆診編號: _____ Request Period 申請期間: From 由 _____ To 至 _____

5. **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 個人紀錄

Others-Please Specify 其他-請註明 _____

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

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6. PARTICULARS OF APPLICANT 申請人資料

(To be completed if the applicant is a person other than the patient 如病人為申請人則此項不須填寫)

- (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 與病人關係: _____

Applicant's Signature 申請人簽署 _____

Date 日期: _____

7. 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仕填寫)

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/有關人仕。

Patient's Signature 病人簽署 _____

Date 日期: _____

8. CONSENT FROM PATIENT'S / DECEASED'S 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/有關人仕。

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

AS(AC),

Relationship checked Y / N

Please charge * Medical Report / * Official Signature

INF Y / N

at \$ _____

PL Y / N

PI Y / N

.....

Y / N

HIRMI, PWH

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

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