

HOSPITAL AUTHORITY
New Territories West Cluster



Medical Report and Patient Information Application Form

- Note : • Please read the information leaflet carefully before completing this form (Please return this form to the medical report section after payment is done) .
• Each application is for One Hospital ONLY, please “✓” the suitable box below.

To : **Medical Report Section** (Please “✓” ONE suitable hospital ONLY)

- Tuen Mun Hospital (including General Outpatient Clinics under TMH)
 Pok Oi Hospital Castle Peak Hospital Siu Lam Hospital Tin Shui Wai Hospital

A: **Patient's Particulars** (This section must be completed)

Name: (English) _____

(Chinese) _____

* HKID / Passport No.: _____

Sex: * M / F Date of Birth: _____

Address: _____

Tel. No.:(Day Time) _____ Other Tel. No.: _____

For Account Use Only	
Hospital: * TMH / POH / CPH / SLH / TSWH	
No. of report or certificate required	HK\$
Charge: \$895 × _____	
\$230 × _____	
Total Charge: _____	
Receipt No.: _____	
Date: _____	

B. **Information Requested** (Please “✓” the suitable box)

B1. Nature of Request

- Medical Report (\$895 - \$3,580)

Other documents (\$230 each):

- Confirmation of granted sick leave (no indicating of diagnosis) Certified true copy
 Confirmation of hospital fee (please submit to Account office) Others – please specify : _____

B2. Period of information requested

Period : From _____ to _____ Specialty: _____

Request Form attached (Please indicate the type of request form): _____

(if doctor completes the attached request form, then no additional medical report will be written)

B3. Purpose of this application

- Continuity of care Insurance claim Apply for public housing
 Legal proceedings Personal reference Immigration / Visa application
 Support of application for family reunion
 Others – please specify : _____

(* Please delete as appropriate)

C. Personal particulars of Applicant / Agent (This section is to be completed by applicant who is not patient himself / herself)

Name: (English) _____ (Chinese) _____ Sex: * M / F
* HKID Card No. / Passport No.: _____ Contact No. (Day time) _____
Corresponding Address: _____
Relationship with Patient: _____

Signature of the Applicant / Agent: _____ Date: _____

D. Signature of the patient (To be signed by patient whose age is 18 or above)

I, by signing this Application Form, consent to the above-named Hospital disclosing and sending my information to the above-named applicant / agent (as per Section C).

Signature of the patient: _____ Date: _____

E. Particulars of Patient's parents / next of kin or Deceased's next of kin (* Please delete as appropriate)

(This section is to be completed if (i) patient is under 18 years of age or (ii) patient has passed away)

Name: (English) _____ (Chinese) _____ Sex: * M / F
* HKID Card No. / Passport No.: _____ Contact No. (Day time) _____
Corresponding address: _____
Relationship with * patient / deceased : _____

Declaration by the deceased's next of kin (Please '✓' the appropriate box)

(To be completed if this application is for a deceased's medical report / certificate)

I declare as follows:

- I have applied for, or is appointed by the Court as (one of) the personal representative to administer the deceased's estate. Relevant supporting document is attached.
- 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. Relevant supporting document attached.

F. Signature of the Patient's parent / next of kin or Deceased's next of kin

I, by signing this Application Form, consent to the above-named Hospital disclosing and sending patient's information to the above-named applicant / agent (as per Section C)

Signature of the * Patient's parent / next of kin / Deceased's next of kin: _____ Date: _____

(* Please delete as appropriate)

- [Note : 1. For those parents representing their child under 18, Birth Certificate of the patient must be provided to prove their relationship.
2. If the medical report involves a patient under 18, Applicant / Agent must obtain parent's / guardian's written consent before submitting the Form.
3. For mentally incapacitated person (adult) who is assessed to be mentally incapable of giving consent, a medical certificate of the assessment result and the consent of the guardian appointed under the Mental Health Ordinance are required.]

Declaration: I hereby declare that I understand the application procedures explained by your hospital staff and agree to apply for the medical report / patient information.

Patient / Applicant's signature: _____ Date: _____

G. Mode of Release Please send out by mail Collect in person

** Please refer to point 6.4 of explanatory notes **

To: Mr. / Ms. _____

Address: _____

For Official use only Application received by: _____

Patient ID: Original verified Copy collected Match with PMI

Applicant ID: Original verified Copy collected

Doc collected: Birth certificate Marriage certificate

Remarks: _____

New Territories West Cluster
Explanatory notes on Application for Medical Report / Medical Information

1 Application method :

1.1 You may submit your original application form in person, or mail-in to the respective hospitals as listed below:

- Tuen Mun Hospital: Release of Information Services, Health Information & Records Office,
3/F, Rehabilitation Block, Tuen Mun Hospital, Tsing San Path, Tuen Mun, N.T.

- Pok Oi Hospital: Release of Information Services, Health Information & Records Department,
M/F, Pok Oi Hospital, Au Tau, Yuen Long, N.T.

- Castle Peak Hospital / Medical Records Unit, G/F, Wisdom House (Block D),
Siu Lam Hospital: Castle Peak Hospital, 13-15 Tsing Chung Koon Road, Tuen Mun, N.T.

- Tin Shui Wai Hospital Release of Information Services, Health Information & Records Department,
3/F, Tin Shui Wai Hospital, 11 Tin Tan Street, Tin Shui Wai, N.T.

2 Application requirements :

2.1 Patient:

- 2.1.1 Patient who applies for Medical Report in person should provide his / her original identity document for verification.

- 2.1.2 Patient who mail-in the application form should enclose a duplicate copy of the identity document for verification.

2.2 Authorized person (Applicant):

- 2.2.1 Applicant authorized by the patient to apply for the medical report / medical information should come in person and presents his / her original identity document for verification.

- 2.2.2 For those parents representing their child under 18 years old, copy of Birth Certificate must be provided to prove their relationship.

- 2.2.3 A written consent must be obtained from patient's parents / guardian if the applicant involved a patient under 18 years old.

- 2.2.4 If the patient has died, the applicant is required to submit a valid Court document indicating he / she is appointed by Court to manage the affairs of the deceased patient. If no such document is available, the applicant is required to fill in Part 'E' and 'F' of the application form.

3 Processing time :

3.1 In general, the medical report and medical information will be available in about 8 weeks. Longer processing time is required depending on individual specialty, or if multi-specialties or several claim forms is involved.

4 Service charge :

4.1 A minimum of HK\$895 per Medical Report per specialty and subject to a maximum of HK\$3,580. HK\$230 will be charged for EACH Patient Information Application.

4.2 All fees must be paid in advance.

4.3 If payment by crossed cheque / cashier order, patient / applicant should be made payable to "HOSPITAL AUTHORITY".

5 Collection method :

5.1 The finished medical report / medical information will be either sent to the applicant by mail or to be collected in person / representatives. Please mark clearly in Part 'G' on the application form for the mode of release.

6 Other information :

6.1 Each application form is for one Hospital only.

6.2 The Medical Report will be written in English.

6.3 Please fill in the application form accurately and submit with all necessary documents.

6.4 If the requested item(s) is / are not collected within 3 months after being informed, it / they will be disposed without prior notice.

6.5 If you wish to withdraw your application on your own accord, the fees paid will not be refunded no matter the report / information is completed / available or not.

7 Enquiries :

7.1 Enquiries concerning the medical report / medical information application should be addressed to the respective hospital as listed below:

- Tuen Mun Hospital : 2468 5371
- Pok Oi Hospital : 2486 8011
- Castle Peak Hospital / Siu Lam Hospital : 2456 7889
- Tin Shui Wai Hospital : 3513 5433