

HOSPITAL AUTHORITY  
New Territories West Cluster



Medical Report and Patient Information Application Form

- Notes:
- Please read the attached Explanatory Notes 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 applicable box below.

To : **Medical Report Section** (Please “✓” ONE 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. Details of Patient** (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: \$1,100 × _____	
\$300 × _____	
<b>Total Charge:</b> _____	
Receipt No.: _____	
Date: _____	

**B. Information Requested** (Please ‘✓’ the suitable box)

**B1. Nature of Request**

- Medical Report (\$1,100 - \$4,400)  
Other documents (\$300 each):
- Copy of medical certificate     Copy of attendance certificate     Certified true copy  
 Confirmation of hospital fee (please submit to Accounts Office)     Others – please specify: \_\_\_\_\_

**B2. Period of Information Requested**

Period : From \_\_\_\_\_ to \_\_\_\_\_ Specialty / Allied Health: \_\_\_\_\_

Request form attached (Please indicate the name of request form): \_\_\_\_\_

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

**B3. Purpose of This Application**

- Continuity of care     Insurance claim     Application for public housing  
 Legal proceedings     Personal reference     Immigration / visa application  
 Support of application for family reunion  
 Others – please specify: \_\_\_\_\_

(\* Please delete as appropriate)

**C. Details of Applicant (Non-Patient)** (This section must be completed if an adult patient is not applying for himself / herself)

Name: (English) \_\_\_\_\_ (Chinese) \_\_\_\_\_ Sex: \* M / F

\* HKID Card No. / Passport No.: \_\_\_\_\_ Contact No. (Day time) \_\_\_\_\_

Correspondence Address: \_\_\_\_\_

Relationship with Patient: \_\_\_\_\_

Signature: \_\_\_\_\_

Date : \_\_\_\_\_

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

By signing this Form, I declare that I understand the application procedures and agree to apply for the medical report(s) / patient information, with the final decision lies with the Hospital Authority. I consent to the above-named Hospital to disclose and send my information to the above-named Applicant as per Section C, if applicable.

Signature : \_\_\_\_\_

Date : \_\_\_\_\_

**E. Particulars of Patient's Parents / Next-of-Kin/Guardian** (\* Please delete as appropriate)

(This section is to be completed if (i) patient is under 18 years of age or (ii) patient is a mentally incapacitated adult person.)

Name: (English) \_\_\_\_\_ (Chinese) \_\_\_\_\_ Sex: \* M / F

\* HKID Card No. / Passport No.: \_\_\_\_\_ Contact No. (Day time) \_\_\_\_\_

Correspondence Address: \_\_\_\_\_

Relationship with Patient : \_\_\_\_\_

(\* Please delete as appropriate)

By signing this Form, I declare that I understand the application procedures and agree to apply for the medical report(s) / patient information, with the final decision lies with the Hospital Authority. I consent to the above-named Hospital to disclose and send the patient's information to the above-named Applicant as per Section C, if applicable.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

- Notes:
1. For parents representing their children under 18, Birth Certificate of the patient must be provided to prove their relationship.
  2. If the medical report involves a patient under 18, the Applicant must obtain prior written consent of the patient's parents/ guardian.
  3. For mentally incapacitated adult person 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.

**F. Mode of Collection** \*\* Please refer to point 5 of Explanatory Notes \*\*

Registered post to the address below

Collect in person (I understand and agree that if I do not collect my Medical Report/Patient Information within three months of being notified, it will be sent to me by registered mail)

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 Certificate of marriage

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 by post 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 Office,  
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 applying for Medical Report / Medical Information in person should provide his / her original identity document for verification.
  
- 2.1.2 Patient who mail-in the application form should enclose a true copy of the identity document for verification.

**2.2 Applicant:**

- 2.2.1 Applicant authorized by the patient to apply for the Medical Report / Medical Information should come in person and present his / her original identity document for verification.
  
- 2.2.2 For parents representing their children under 18-year-old, true copy of Birth Certificate must be provided to prove their relationship.
  
- 2.2.3 If an application involves a patient under 18-year-old, the applicant must obtain written consent from the patient's parents / guardian.

**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 in circumstances such as multi-specialties or multiple claim forms.

#### **4 Service charges:**

- 4.1** A minimum fee of HK\$1,100 will be charged per Medical Report per specialty, up to a maximum cap of HK\$4,400.  
HK\$300 will be charged for EACH Patient Information Application.
- 4.2** All fees must be paid upon application.
- 4.3** All crossed cheques / cashier orders should be made payable to "HOSPITAL AUTHORITY".

#### **5 Collection method:**

- 5.1** The completed Medical Report / Patient Information will be either sent to the patient / applicant by post or collected in person by the patient / applicant. Please mark clearly in Part 'F' of the application form for the mode of collection. If you would like the report or information to be collected by other representatives, please provide a separate written authorization.
- 5.2** If the patient / applicant fails to indicate the mode of collection, the Medical report / Medical information will be sent by registered mail.
- 5.3** The Medical Report / Patient Information will be sent by registered mail if the patient / applicant does not collect it within 3 months after being informed that the Medical Report / Patient Information is ready for collection. If the Medical Report / Patient Information sent by registered mail is returned undelivered by the Post Office, it will be retained for three months from the date of return. Thereafter, it will be disposed of without any further or prior notice.

#### **6 Other information:**

- 6.1** Each application form is for one Hospital only.
- 6.2** Medical Report will be written in English.
- 6.3** For us to process your application, please fill in relevant parts of the application form accurately and submit all necessary documents.
- 6.4** If you withdraw the application on your own accord, all fees paid shall be non-refundable regardless of whether the Medical Report / Medical Information has been completed.

#### **7 Enquiries:**

- 7.1** Enquiries concerning the medical report / patient information application should be addressed to the respective hospitals 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 5428 / 3513 5433