

Patient Referral Form to the Hospital Authority Specialist Clinic / A&E (病人轉介表)

Hong Kong Medical Council Registration No.: _____
(香港醫務委員會註冊號碼)

Private Practitioner Contact Details

To 致: _____ Hospital 醫院 _____ Specialist Clinic 專科門診 _____ Date 日期: _____

Patient 病者: _____ I.D.No. 身份証號碼: _____

Sex/Age 性別/年齡: _____

Dear Professor / Doctor 致教授 / 醫生,

Thank you for seeing the above-named patient 多謝診治上述病者,

Diagnosis / Problems 診斷 / 問題:

Other significant history and physical findings 其它重要病歷及發現:

Relevant Investigation Reports (Attached copies of reports) 有關檢查報告(附帶報告或副本):

Laboratory Results 化驗結果

Imaging / Radiology Results 影像 / 放射檢查結果

Other related results (e.g. Pathology) 其它有關結果 (如病理報告)

Medications / Management Plan 處方 / 治療計劃:

Allergy or adverse reaction 過敏或異常反應:

Referring Doctor 轉介醫生姓名: _____ Signature 簽名: _____

(Please Print)

Tel 電話: _____ Fax 傳真: _____

NB: 1. Completed information of the above items is very essential for the appropriate appointment booking in SOPD of the Hospital Authority.

2. After the specialist consultation and treatment at the SOPD of the Hospital Authority, patient would be referred back to his primary care doctor for the continuation of management.

註: 1. 此轉介信提供的資料有助醫管局專科門診部作洽當的預約安排。

2. 經醫管局專科診治後,病人會被轉介回原醫生繼續接受治療。