

病人姓名 \_\_\_\_\_ 香港身份證號碼 \_\_\_\_\_ 年齡 \_\_\_\_\_ 性別 \_\_\_\_\_  
 Full name of Patient \_\_\_\_\_ HKID Card No. \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

**1. 求診資料 Consultation Information**

診斷日期 由 \_\_\_\_\_ 至 \_\_\_\_\_  
 Treatment Period from \_\_\_\_\_ to \_\_\_\_\_

- 1.1 病況診斷  
 Diagnosis of conditions \_\_\_\_\_
- 1.2 上述診斷期間曾接受之檢查、治療手術項目及結果：  
 Investigations, treatment, therapy, surgical procedures done and result during the above mentioned treatment period: \_\_\_\_\_

**2. 有關上述病況之資料 History of Consultation**

- 2.1 在是次求診日期前，病人有否在台端執業之診所診治有關上述病況之紀錄？如有，病人始自何時求診？  
 Prior to this consultation, did patient first consult you for the related signs and symptoms? And when was the first consultation?  
 否  有，第一次求診日期始自 \_\_\_\_\_  
 NO YES, the first consultation was since \_\_\_\_\_
- 2.2 病人在第一次求診之主要病徵為何？  
 What sign(s) and symptom(s) was/were the patient aware of at the first consultation? \_\_\_\_\_
- 2.3 如上述之徵狀是由意外所導致。  
 If the sign(s) and symptom(s) mentioned above were caused by an accident,  
 i) 意外發生日期、時間、地點。  
 Accident Date \_\_\_\_\_ (YY/MM/DD) Time \_\_\_\_\_ Place of the accident happened \_\_\_\_\_  
 ii) 請詳述意外是如何發生。  
 Please give the circumstances of the accident in details \_\_\_\_\_  
 iii) 請問傷者在首次求診時，受傷部位有否可見明顯外傷？  
 Any external visible signs of bodily injury were revealed at the 1st consultation? Please give details. \_\_\_\_\_
- 2.4 據病人自述，上述病徵在求診前出現多久？ \_\_\_\_\_ (年/月/日)  
 According to the patient, for how long had such symptoms(s) persisted before the first consultation? \_\_\_\_\_ (YY/MM/DD)
- 2.5 據你的診治，在第一次求診時，病徵已持續了 \_\_\_\_\_ (年/月/日)  
 In your opinion, prior to the first consultation, such symptoms(s) had persisted for \_\_\_\_\_ (YY/MM/DD)
- 2.6 病人是否由另一位醫生轉介台端作進一步治療？如是，請列出姓名：  
 Was the patient referred to you by another doctor for further management? If so, please state name of referral doctor:  
 否  有，該醫生為 \_\_\_\_\_ 轉介理由 \_\_\_\_\_  
 NO YES, the name of referral doctor is \_\_\_\_\_ Reason of referral: \_\_\_\_\_
- 2.7 就上述病況，病人有否住院？  
 Was hospitalization required?  
 是 住院日 由 \_\_\_\_\_ 至 \_\_\_\_\_ 住院原因 \_\_\_\_\_  
 YES Hospitalization Period is from \_\_\_\_\_ to \_\_\_\_\_ Reason for this hospitalization \_\_\_\_\_  
 否 病人不需要住院接受治療  
 NO The patient does not require to stay at hospital for treatment
- 2.8 如有轉介予專科診治，請提供專科醫生之姓名及治療詳情：  
 If you have recommended the patient for specialists's opinion (other than attending physician), please give specialist name & nature of treatment provided: \_\_\_\_\_
- 2.9 在住院期間，病人有否請假外出？  否  有，請假外出日期 由 \_\_\_\_\_ 至 \_\_\_\_\_  
 During hospitalization period, did the patient have any home leave taken? NO YES, the home leave period is from \_\_\_\_\_ to \_\_\_\_\_  
 原因是 \_\_\_\_\_  
 Reason is \_\_\_\_\_

- 2.10 請指出上述病況是否與下列情況有關：  
 Please indicate if the medical condition and its subsequent treatment are associated with the followings:
- |         |  |          |   |
|---------|--|----------|---|
| 是 / 否   | 先天性不正常情況、不育或絕育情況   | 是 / 否    | 牙科治療、身體檢查   |
| YES/ NO | Congenital anomalies, ifertility or sterilization                | YES / NO | Dental care or general check up                           |
| 是 / 否   | 受酒精或藥物影響   | 是 / 否    | 休養、復康、療養或延續護理   |
| YES/ NO | Under the influence of drugs or alcohol                          | YES / NO | Rest cure, rehabilitation, convalescence or extended care |
| 是 / 否   | 不論在神智清醒與否下之自我損傷或自殺行為   | 是 / 否    | 心理或精神病科   |
| YES/ NO | Self-inflicted injuries or suicidal attempt while sane or insane | YES / NO | Mental or psychiatric problems                            |
| 是 / 否   | 懷孕或由此引發之病況   | 是 / 否    | 美容、整形外科手術   |
| YES/ NO | Pregnancy conditions or any related complications                | YES / NO | Cosmetic or Plastic surgery                               |

醫生簽署 \_\_\_\_\_ 醫院/醫生蓋印 \_\_\_\_\_  
 Signature of Physician \_\_\_\_\_ Hospital/Physician Stamp \_\_\_\_\_  
 醫生姓名 \_\_\_\_\_ 簽名日期 \_\_\_\_\_  
 Physician Name in Block \_\_\_\_\_ Date Signed \_\_\_\_\_  
 診所地址 \_\_\_\_\_  
 Clinic Address of Physician \_\_\_\_\_