

PART II – To be Completed by Surgeon / Attending Physician 第二部份 由主診醫生填寫

Remarks: Please attach copies of histopathology, endoscopic, diagnostic / laboratory tests report, operating theatre summary

備註：請連同病理學、內窺鏡、診斷性化驗/檢驗報告、手術室摘要副本交回。

Name of Patient 病人姓名：_____ HKID Card Number 香港身份證號碼：_____

Admission Date 入院日期：_____ Discharge Date 出院日期：_____

A. Clinical History 門診病歷

1. Date on which the patient first consulted you for the condition or related illness / injury which led to this hospitalisation / treatment / diagnostic tests?
病人首次就上述病況或有關疾病或受傷，而導致是次住院 / 治療 / 診斷性化驗之求診日期？

2. What were the patient's chief symptom(s) / complaint(s) for this hospitalisation / treatment / diagnostic tests? 病人是次主要因何徵狀或申訴入院、接受治療或診斷性化驗？

3. How long had the patient been experiencing these symptoms before the first consultation? 在病人首次求診前，該傷病已患有多長時間？

B. Hospitalisation History 住院病歷

Final diagnosis 病症結果：_____ When was it made? 您是何時對病人作出診斷？_____

Operation performed 手術名稱：_____ Date of Operation 手術日期：_____

Surgeon / Assistant Surgeon name 外科醫生 / 助理外科醫生姓名：_____

Recommended treatment, diagnostic tests and the reason for the treatment 轉介之治療、診斷性化驗名稱及原因

1. If you have referred other doctor to the patient during the hospitalisation, please provide the following relevant information. 於住院期間，如閣下已將病人轉介往其他醫生，請提供下列有關資料。
Referred doctor name 醫生姓名 Referral reason 轉介原因 What treatment the doctor performed 治療名稱

2. Brief discharge summary (including onset and duration of sign and symptoms / disease, etiology, types and results of major examination, treatment, complication and follow-up plan).
出院摘要：(請列出有關疾病及病徵的病發日期、病因、檢驗性質與結果、有關治療、併發症及跟進計劃。)

3. Has the patient taken any home leave during this hospitalisation? 於住院期間，病人有否請假外出？
No 無 Yes 有 Please state the date, time and reason 請列明日期、時間及原因

4. If hospitalisation has been arranged for scans, diagnostic testing or a procedure that is normally carried out as a day case, please explain the reason.
如此次住院是因為進行診斷掃描、檢驗或一般日症手術，請說明安排病人住院之原因。

C. Professional Comment 專業意見

1. In your opinion, was the hospitalised illness a recurrent episode or a chronic disease? If so, when would be the first episode?
就閣下意見，是次病況是否為復發性病況或慢性病況？如是，何時為首次病發日期？

2. Has the patient ever had the same or similar symptom(s) before? 病人以前曾否患有同類病況？
No 無 Yes 有 Please state when and describe details 請說明日期及詳情

3. Was the condition due to or associated with the following (circle the right answers) 上述情況是否因以下問題所致？(請圈出正確答案)
accidental bodily injury \ the abuse of drugs or alcohol \ AIDS / HIV related illness, venereal disease or sexually transmitted disease \ pregnancy, infertility or sterilisation \ refractive error \ treatment for cosmetic purpose \ mental or nervous disorder \ congenital condition \ hereditary condition \ developmental condition \ self inflicted injury \ general check-up or vaccination \ **NONE OF THE ABOVE**
身體意外受傷 \ 濫用藥物或酒精 \ 後天免疫力缺乏症 (愛滋病) / 與人類免疫力缺陷病毒 (HIV) 、性病或因性接觸感染之疾病 \ 懷孕、不育或絕育 \ 視力不正常 \ 美容治療 \ 精神或神經病 \ 先天性症狀 \ 遺傳性疾病 \ 發育異常 \ 自我傷害 \ 一般身體檢查或防疫注射 \ **以上全部不對**

4. Had the patient been previously treated or hospitalised for this or any other disorders? If so, please give a brief summary (including onset and duration of sign and symptoms / disease; etiology; type and results of major examination; treatment and follow-up results) 病人過去曾否就此疾病或其他病況而需接受診治或入院接受治療？如是者，請說明摘要 (請列出有關病況及病徵的病發及痊愈日期、病因、檢驗性質與結果、有關治療、併發症及跟進計劃。)
Dates 日期 Disease / Disorder / Complaint 疾病 / 失調 / 申訴 Details of treatment / hospitalisation 治療 / 住院的詳情 Name of doctor / hospital 西醫姓名 / 醫院名稱

(Please use any separate paper with the doctor's signature on it if more space is needed) 若需另頁填寫，每張紙都須有醫生的簽署作實

D. Others 其他

1. Are you the patient's usual physician? 閣下是否病人的長期醫生？
i. Yes , please fill in question 2 是，請填寫問題 2
ii. No . Does the patient have any other usual/family doctor(s)? if Yes, please give us the name(s) and telephone no. _____
不是，病人是否有其他的長期 / 家庭醫生？如是者，請提供姓名及電話號碼

2. Please fill in the date of consultation and the symptoms and complaints of the patient for each consultation 請填寫診治日期及每次診治的病徵及申訴
Consultation date 診治日期 Symptoms / Complaints 病徵 / 申訴 Recommended tests / treatment 已轉介的檢查或治療

3. If you are referred by other doctor, please provide the doctor name, contact number and address. 如閣下乃其他醫生轉介，請提供該醫生的姓名、聯絡電話及地址。

Surgeon / Attending Physician's particulars 主診醫生資料

Name of Doctor 醫生姓名：_____ Telephone 電話：_____ Email Address 電郵地址：_____

Address 地址：_____

Signature and Chop of Surgeon / Attending Physician

主診醫生簽署及蓋章

X

Date: 日期

Authorised Signature and Chop of Hospital

醫院授權簽署及蓋章

X

Date: 日期