#8

仁安醫院
UNION HOSPITAL

Admission History and Physical Examination

Please Use ID Label or Block Print			
SURNAME			UNIT RECORD NO.
GIVEN NAME			CHINESE NAME
SEX	AGE	Bed Class / Bed No.	ADMITTED DATE & TIME
ATTENDING DOCTOR			
CONSULT. DOCTOR			

Progress

Past Health

Allergy:

Doctor Name

Treatment and Investigation

Special Screening

1. Fever Y / N
2. Respiratory Symptom Y / N
3. Recent Travel History Y / N
   Period: _____ Country: _____

Staff Signature & Chop: _____
Date : _____

Doctor Name

CONFIDENTIAL

Tracy Choy (1280)

Admission History and Physical Examination

二安醫院
UNION HOSPITAL

Admission History and Physical Examination

Draft only

Please Use ID Label or Block Print			
SURNAME			UNIT RECORD NO.
GIVEN NAME			CHINESE NAME
SEX	AGE	Bed Class / Bed No.	ADMITTED DATE & TIME
ATTENDING DOCTOR			
CONSULT. DOCTOR			

Progress	Treatment and Investigation
收緊的入院報價表. (未confirm之版本.)	CONFIDENTIAL

☐ **Immediate Admission**

Preferred Room Class 選擇之房間類別:	Room Class Arranged 現安排入住之房間類別:	Deposit 按金:	Other Charges 其他附加費:
☐ Standard Room (4-14 Beds) 標準房(四至十四人房) ☐ Twin Room (2/3 Beds) 二/三人房 ☐ Private Room 私家房 ☐ Nursery 育嬰室	☐ Standard Room (4-14 Beds) 標準房(四至十四人房) ☐ Twin Room (2/3 Beds) 二/三人房 ☐ Private Room 私家房 ☐ Nursery 育嬰室 ☐ Intensive Care Unit 深切治療部 ☐ Paediatric Infection Control Room 兒科感染控制房	HK$ 港幣$_____ Room Charges 需繳付房租: HK$ /Day 港幣$_____/天	☐ Isolation Care 隔離護理費 HK$ /Day 港幣$_____/天 ☐ Infection Control Care 感染控制護理費 HK$ /Day 港幣$_____/天 ☐ Special Room Arrangement 房間特別安排費 HK$ /Day 港幣$_____/天
Admit under Dr. 主診醫生為: _____	Urgent Specialist Consultation Fee in Ward 緊急專科診金(入院) HK 港幣$_____ Not include : Specialist Daily Ward round fee for day of admission & EMC doctor fee 不包括: 專科醫生巡房費及急症門診醫生診金		

Informed by 講解員工: _____ ☐☐☐☐ Date 日期: _____

I understand and agree the above charges
本人清楚明白及同意以上收費

Signature of *Patient / Relative: *病人 / 家屬簽署: _____ CONFIDENTIAL Relationship: 關係 : _____

☐ **Schedule Admission** ☐ **On Waiting List**

Please refer to attached Admission Arrangement

Tracy Choy (1280) NOV

Staff Signature : _____ ☐☐☐☐

Remarks : ☐ tick if appropriate * Delete if inappropriate
備註: 請在適當 ☐ 填上「✓」號 * 請刪除不適用句子

Admission History and Physical Examination

NUA-194m-13-1690(R)

MR (01/13)