

Patient Name: _____
 HKID: _____ Sex: M / F Age: _____
 DOB: _____ Patient No.: _____
 Dr.: _____ Room/Bed: _____

ADMISSION LETTER

Date & Time of Admission: _____

Room category: Private (1st class) Semi-private (2nd class) General (3rd class)
 Specialty: Surgical Medical General Ward Paediatric
 For Day-bed: Private Semi-private General Day Case (Out-patient)

Full Name of Patient: _____ (BLOCK letters) Date of Birth: _____

Sex: F / M HKID / Passport No.: _____ Tel./ Mobile No.: _____

Provisional Diagnosis: _____

Attending Doctor: _____ (BLOCK letters) Tel./ Mobile No.: _____

Past Medical History:

Known Allergy: _____

Current Medications: Antihypertensive: _____
 Oral hypoglycaemic agents / Insulin: _____
 Anticoagulants / Antiplatelets: _____
 Steroids: _____
 Others: _____

Risks: Bleeding Fall Pressure ulcer Others: _____

Advance Medical Directive: No Yes → bring a copy and give it to ward nurse

Doctor's Order:

* Type & Screen is required for Major Operation/
 Procedure according to Hospital protocol

Doctor Signature: _____

Operation / Procedure / Endoscopy scheduled:

Anaesthesia / Sedation: _____ OT Date & Time: _____

Anaesthetist: _____ (BLOCK letters) Tel./ Mobile No.: _____

*** Please complete Form CH-068 and/or CH-068a for hospital fee estimation ***

*** Please remind patient to bring HKID Card / Birth Certificate / Passport AND Deposit ***

請通知病人入院時需攜帶身份證明文件 / 出生證明文件 / 護照 及 按金