

ENDOSCOPY BOOKING FORM

日期 Date	:	_____	預約日期及時間 Appointment Date & Time	:	_____
姓名 Name	:	_____	轉介醫生 Referring Dr	:	_____
性別/年齡 Sex/ Age	:	_____	診斷 Diagnosis	:	_____
身份證號碼 ID card No	:	_____			_____
電話 Tel No:	:	_____			_____

身高 Height:	厘米 cm	體重 Weight:	公斤 kg	Yes 是	No 否	If yes, please describe in details 如果回答是，請詳細說明
1.	是否吸煙/喝酒?	Smoking or drinking?				
2.	是否 65 歲或以上?	Aged 65 years old or above?				
3.	最近是否曾經出現以下病徵?	Any following symptoms recently?				
a.	最近體重下降?	Significant weight loss recently?				
b.	便秘/肚瀉/大便出血/黑色糞便/胃痛/胃灼熱	Constipation/Diarrhea/Rectal Bleeding/Tarry Stool/ Epigastric pain/Heart Burn?				
4.	是否有以下病歷?	Any past medical history?				
a.	心血管病或病徵:中風/高血壓/高膽固醇/冠心病/心肌梗塞/心絞痛/心悸/其他心臟病 Cardiovascular disease or symptoms: Stroke/Hypertension/Hypercholesterolaemia / Coronary Artery Disease/ Myocardial infarction/ Chest Pain/ Palpitation/ Other Heart Diseases					
b.	呼吸道疾病或病徵:哮喘/肺結核/支氣管擴張/慢性阻塞肺病/呼吸困難/其他長期肺病 Respiratory disease or symptoms: Asthma/Tuberculosis/Bronchiectasis/ COPD/ Shortness of Breath/Chronic Lung Diseases					
c.	傳染病:愛滋病帶菌者/性病/肝炎 Infectious Diseases: HIV Carrier/ Sexually Transmitted Disease/ Hepatitis					
d.	其他疾病:癌症/糖尿病/貧血/地中海貧血/十二指腸潰瘍/胃潰瘍/膽石 Other diseases: Cancer/ Diabetes/ Anaemia/ Thalassemia/ Duodenal Ulcer/Gastric Ulcer/Gall stone					
e.	曾否接受過手術?	Previous operation?				
f.	是否有藥物或其他敏感?	Drug Allergies or Other Allergies?				
g.	有否服用亞士匹靈/ 薄血藥/ 抗血小板凝固藥? 有否出血傾向? On Aspirin/ Warfarin/ other anticoagulants, or any Bleeding Tendency					
h.	長期服用精神科藥物?	Long-term usage of psychiatric medications?				
5.	嚴重行動不便(如使用輪椅人士)?	Severely Disabled (e.g. wheelchair users)?				

內窺鏡程序 Endoscopy Procedure <input type="checkbox"/> 食道、胃及十二指腸內窺鏡 OGD <input type="checkbox"/> 大腸內窺鏡 Colonoscopy <input type="checkbox"/> 膀胱內窺鏡 Cystoscopy <input type="checkbox"/> 其他(請註明) Others (Please specify) _____	可能包括之程序 Procedure may be included <input type="checkbox"/> 取組織樣本 Biopsy <input type="checkbox"/> 息肉切除 Polypectomy	
Centre Chop	Doctor's Chop & Signature	Payment Method <input type="checkbox"/> On Account 月結 <input type="checkbox"/> Cash Payment at Centre 於中心支付 HK\$ _____