

SERVICE APPLICATION FORM

1. Patient		
Name (中文) _____ (English) _____		
HKID No _____		
Sex _____	Age _____	D.O.B. _____
Tel _____		Mobile _____
Address _____		
Did patient apply for Electronic Health Record (eHR*)? <input type="checkbox"/> Yes <input type="checkbox"/> No *		

* Please use the link to apply for eHR <https://goo.gl/Hm9HJ8> (English Version) <https://goo.gl/ttoz9x> (中文版本)

2. Applicant	
Name (中文) _____ (English) _____	
Relationship with patient: _____	Tel _____
Email _____	Mobile _____
Address _____	Signature _____ Date _____

3. Service(s) expected from JCHH (can select more than 1 option)		
<input type="checkbox"/> Symptoms Control	<input type="checkbox"/> Caregiver training	<input type="checkbox"/> Respite Care
<input type="checkbox"/> Terminal Care	<input type="checkbox"/> Other(s) _____	

4. Select preferable time-slot(s) for our palliative nurse to call back (can select more than 1 option)	
<input type="checkbox"/> 9:00 am – 1:00 pm	<input type="checkbox"/> 1:00 pm – 5:00 pm

5. Referred by	
Name of Referee _____	(中文) (English)
Name of Contact Person _____	(中文) (English)
Tel _____	Email _____
Address _____	Signature/Chop _____ Date _____

Enquiry

Jockey Club Home for Hospice 賽馬會善寧之家

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