|  |  |  |  |
| --- | --- | --- | --- |
| **Date****日期** |  | **Language(s)****語言** |  |
| **Name** **姓名** |  | **Nationality****國籍** |  |
| **Date of Birth****出生日期** | (YYYY/MM/DD)  | **City of Residence****居住城市** |  |
| **Age****年齡** |  | **Gender性别** |  |
| **Contact Number****連絡電話** |  | **電子郵件****Email:** |  |
| **How did you find out about MacKay?****請問您是從哪兒得知我們醫院？** | □醫生 □熟人 □雜誌 □報紙 □仲介公司 □網站 □其它\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Facility at which patient is currently being treated目前就診醫院** |  |
| **Diagnosis****診斷** |  | **Date of Diagnosis****確診日期** | (YYYY/MM/DD) |
| **Past medical history****過去病史** |  |
| **Current condition and treatment(s) done so far (Ie. Surgery name, surgery date, medication, etc.) 現在病史及治療狀況摘要。**例如:重要檢查發現、藥物治療（藥劑名稱、治療日程表、治療效果等）、手術方式。 |  |
| **Medical information provided for medical review** **提供的病歷資料** | □驗血驗尿報告 (Blood and urine tests)□超音波報告(Ultrasound) □Ｘ光報告 (X-rays)□電腦斷層報告 (CT)□核磁共振報告(MRI)□病理組織切片報告(Biopsy)□其他檢查報告 (others) \_\_\_\_\_\_\_\_\_\_\_\_\_  |
| **Do you have a preferred physician?** **是否指定醫師?** | □ 否No □是Yes: Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_醫師  |
| **Specific questions for the medical expert** **疾病相關問題陳述** |  |

**Consultation Inquiry Form for International Patients**

**國際醫療諮詢單**

國際醫療中心

2022.7.26修定