|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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