



新界東日間社區康復中心

NTE Community Rehabilitation Day Center

新界沙田瀝源邨祿泉樓地下 105 至 118 號

105 – 118, G/F, Luk Chuen House, Lek Yuen Estate, Shatin, NT

電話 Tel: 2601-2978 傳真 Fax: 2601-1772 傳真 ntecrdc@sahk1963.org.hk

請貼上附有

病人聯絡資料的標貼

Please attach Gum label With

Patient's contact details

### 服務轉介書 Service Referral

病人姓名 Name of Client:

性別/年齡 Sex/Age:

診斷及有關病歷 Diagnosis & Related History:

X-光/其他診斷結果 X-Ray /Other Clinical Findings:

禁忌症/備註 Contraindications/ Remarks:  +ve, please specify:

轉介服務

綜合復康

職業治療

物理治療

其他

Service Required

Integrated Rehabilitation

Occupational Therapy

Physiotherapy

Others \_\_\_\_\_

轉介原因 Reasons for Referral:

Physical reconditioning

Maintenance, areas (optional): \_\_\_\_\_

Pain management, areas (optional): \_\_\_\_\_

ADL training, areas (optional) : \_\_\_\_\_

IADL training, areas (optional): \_\_\_\_\_

Cognitive training, areas (optional): \_\_\_\_\_

Use of aids/ AT : \_\_\_\_\_

Mobility training, areas (optional): \_\_\_\_\_

Stairs ambulation, \_\_\_\_\_ flights of stairs (if applicable)

Balance training program

Fragility fracture program

Fall prevention program

Care giver training, areas (optional): \_\_\_\_\_

Others:

建議治療時段 Recommended Length for Therapy

2 個月/ months  3 個月/ months  4 個月/ months  5 個月/ months  6 個月/ months  其他 Others \_\_\_\_\_

轉介醫生/ 專職醫療人員資料 Referrer's Information:

Name of Referrer:

Hospital / Clinic:

Profession:  Medical Doctor

Occupational Therapist

Physiotherapist

Signature:

Contact Telephone No:

Fax No:

Date :

For extension of referral, please call \_\_\_\_\_ (Name/Post) at Tel: \_\_\_\_\_

Discharge Summary is attached

回條 Reply Slip

服務轉介結果 Result of Service Referral

接受服務 Admission on \_\_\_\_\_

拒收/自行退出服務\* Rejected / Self-withdrawal\*

輪候服務 On Waiting List

職員簽署 Staff Signature :

( )

日期 Date: