



入院安排 Admission Arrangement

提示： 如病人是次入院需要接受手術或外科程序，請填寫「NUA-532m」代替此表格
Reminder: If an operation or surgical procedure is required during hospitalization, please fill in "NUA-532m" instead of this form

姓名 Name : _____ 年齡/性別 Age / Sex : _____

*香港身份證號碼 / 護照號碼 *HKID / Passport No.: _____ 聯絡電話 Contact Phone No.: _____

1. 請於_____年_____月_____日 *(上午/下午)_____時到達醫院大樓地下入院部辦理入院手續
Please arrive at the Admission Office on G/F, Main Hospital Building for registration on _____/_____/_____ at _____*(am/pm)

2. 請於_____年_____月_____日 *(上午/下午/午夜)_____時後，**不要**進食和飲水
Please **DO NOT** eat or drink on _____/_____/_____ at _____*(am/pm/12mn)

3. 溫馨提示 Warm Reminder:
 已向客人提供「NUA-392mc/sc 入院前提示」作參考
 Provide "NUA-392mc Information for Clients Before Admission" to client for reference

4. 選擇之房間類別:
 標準房 (四至十四人房) 半私家房 私家房 (房租 \$ _____) 育嬰室
本院將盡量按客人意願安排房間，但最終安排要按客人入院時本院的房間供應而定。若屆時客人選擇的房間類別已滿，本院將會安排客人入住其他類別的房間，並按客人所入住房間類別收取費用 (私家房除外)。

Preferred Room Type:
 Standard Room (4-14 Bedded) Semi-private Room Private Room (Room Charges \$ _____) Nursery
Union Hospital will do our utmost to arrange the room according to the client's choice, but the final arrangement will depend on the availability of rooms upon admission. If the selected room class is not available, client will be assigned to alternative class and be charged with the room class admitted (except private room).

入院原因 Reason for Admission : _____

醫生處方 Doctor's Prescription : _____

檢查項目 Investigation : _____

已知致敏物質 Known Allergy : _____

醫生簽署 Doctor's Signature _____ 醫生姓名 (請用正楷) Name in BLOCK Letter _____ 醫生編號 Code No. _____ 日期 Date _____

Pre-Admission Screening (Fill out by nursing staff / doctor):			
Completed Form NUA-428 to conduct: Active MRSA Screening Programme Assessment	<input type="checkbox"/> No <input type="checkbox"/> Yes	Please refer to Infection Control Manual – Section 11.2.2 “Active MRSA Surveillance Programme for patient” & proceed to NUA-428 Active MRSA Screening Programme assessment	
History of Psychiatric Illness:	<input type="checkbox"/> No <input type="checkbox"/> Yes	If “Yes”, please refer to GNWG(Psychiatric)(1) “Guideline on screening of Admission of Client with Psychiatric History” and proceed to NUA-306 Zung Self-Rating Depression Scale	
History of Pulmonary Tuberculosis:	<input type="checkbox"/> No <input type="checkbox"/> Yes	If “Yes”, please refer to Infection Control Manual - Section 11.4.1 “Screening and Handling of Suspected / Confirmed Pulmonary TB case” & fill in NUA-371 if booking of surgery is required	
Creutzfeldt – Jakob Disease Risk Assessment	<input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes	If “Yes”, please refer to Infection Control Manual – Section 11.8 “Transmissible Spongiform Encephalopathies (TSEs) and GNWG (Infection Control) (6) “Workflow of doing the assessment to identify patient with or at increased risk of Creutzfeldt – Jakob Disease & fill in ICC-032 Assessment to identify patient with, or at increased risk of Creutzfeldt – Jakob Disease	
Special cultural need (e.g. translator, diet etc.)	<input type="checkbox"/> No <input type="checkbox"/> Yes	_____	

*客人 / 家屬簽署確認
Acknowledged by *Client / Next of kin: _____ (_____)
關係 Relationship

Completed by: _____ Rank: _____ Date: _____
(Staff Signature & No.)

備註 Remarks: * 請刪除不適用之項目 Please delete inappropriate item 請在合適的方格加上✓號 Please ✓ if applicable