



仁安醫院  
UNION HOSPITAL

全面評估糖尿病及併發症檢查轉介信  
Referral Letter for DM Complication Screening

仁安醫院醫務中心二樓 專科門診

Specialty Clinic,  
2/F Medical Centre, Union Hospital

預約或查詢電話  
Booking or Enquiry 2608 3183

傳真號碼  
Fax 2605 4558

姓名 Name : \_\_\_\_\_ 年齡 Age : \_\_\_\_\_ 性別 Sex : \_\_\_\_\_

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

閣下之全面評估糖尿病及併發症檢查服務已安排於: \_\_\_\_\_ 年 \_\_\_\_\_ 月 \_\_\_\_\_ 日, 時間: (\*上午/下午) \_\_\_\_\_ 時進行。

Your DM Complication Screening is arranged at: \_\_\_\_\_ (\*am/pm) on \_\_\_\_/\_\_\_\_/\_\_\_\_(dd/mm/yy).

請於上述時間到達仁安醫院醫務中心二樓 專科門診, 以便辦理登記手續。

Please proceed to the Specialty Clinic, 2/F Medical Centre, Union Hospital at the time stated above for registration.

檢查當日請帶備身份證明文件 (如香港身份證) 及此轉介信。

Please bring identification documents (E.g. HKID card) and this referral letter on appointment date.

於檢查前禁止飲食八小時 (不可多於十四小時)。

No food or drink for 8 hours before the appointment (Do not exceed 14 hours).

\* 請刪除不適用之處 Delete the inappropriate items

**Medical History (To be completed by Doctor):**

Year of First Diagnosis: \_\_\_\_\_ Family History: \_\_\_\_\_

Past Medical Health /  
Other Diagnosis: \_\_\_\_\_  
\_\_\_\_\_

Current Medication: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Drug Allergy: \_\_\_\_\_

Remarks: \_\_\_\_\_

Optional Investigation(s) required:

( Patients who have joined the DM Complication Screening Plan can enjoy 20 % discount for investigations listed below)

- |   |  |
|---|--|
| <input type="checkbox"/> Echocardiogram                         | <input type="checkbox"/> Treadmill             |
| <input type="checkbox"/> Carotid Doppler                        | <input type="checkbox"/> Transcranial Doppler  |
| <input type="checkbox"/> Carotid Doppler + Transcranial Doppler | <input type="checkbox"/> CT coronary Angiogram |
| <input type="checkbox"/> CXR                                    |  |

\_\_\_\_\_  
醫生簽署  
Signature of the Doctor

\_\_\_\_\_  
醫生姓名及蓋章  
Name Chop of the Doctor

聯絡電話  
Contact Number \_\_\_\_\_

傳真  
Fax \_\_\_\_\_

日期  
Date \_\_\_\_\_

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