佛教慈濟基金會馬來西亞分會
BUDDHIST TZU-CHI MERITS SOCIETY MALAYSIA (PPM-007-04-26061995)

醫療諮詢申請表
Medical Consultation Application Form

慈濟專用 For Tzu-Chi Use Only			
接獲日期 Received Date	(DD/MM/YYYY)	申請編號 Serial Number	

聯絡人/轉介平台 Contact Person		聯繫電話 Tel/Cell Phone	
聯繫日期 Contact Date		電郵地址 Email Address	
與病患關係 relationship with patient		備註/Remark	

A.*申請者資料 APPLICANT BIODATA

* 申請者身份 Applicant's Identity

- ☐ 1.慈濟補助個案 Tzu-Chi Subsidy Recipient
- ☐ 2.慈濟關懷個案 Tzu-Chi Spiritual Care Recipient
- ☐ 3.慈濟個案家屬 Tzu-Chi Care Recipient's family
- ☐ 4.慈濟腎友 Tzu-Chi Dialysis Patient
- ☐ 5.慈濟志工 Tzu-Chi Volunteer
- ☐ 6.慈濟慈誠委員 Tzu-Chi Commissioner
- ☐ 7.慈濟志工家屬 Tzu-Chi Volunteer's family
- ☐ 8. 聯合國難民 UNHCR referred refugee
- ☐ 9.大德 Public

感恩戶姓名 Care Recipient's Name OR 慈濟志工 Tzu-Chi Volunteer's Name	*(若以上您選3 或7， 請務必填寫這資料)* *(If you choose 3 or 7 above, then this field is mandatory)*

*病患英文姓名 Patient's Name				*中文姓名 Chinese Name	
*新身份證號 NRIC No.				*種族 Race	
舊身份證號 Old IC No.				*宗教 Religion	
護照/其他證號 Passport No./others				*國籍 Nationality	
*出生日期 Date of Birth	(日/月/年 /Day/Month/Year)	*年齡 Age		*性別 Gender	☐ 男 Male ☐ 女 Female
*婚姻狀況 Marital status	☐ 單身 Single ☐ 已婚 Married ☐ 守寡 Widowed ☐ 離婚 Divorced ☐ 分居 Separated ☐ 不明 Unknown				
*居住地址 Residential Address					
	*城市 City			*郵號 Postal Code	
	*州屬 State			*國家 Country	

聯絡號碼 Contact No.			
電郵地址 Email Address			
緊急聯絡人 Emergency Contact Name			
緊急聯絡人電話 Emergency Contact No.		Relationship with Patient 與申請者關係	

*必須填寫 Compulsory to fill in

B. 病歷 MEDICAL RECORD

疾病名稱 Disease		*目前諮詢醫師 Current consulting doctor	□無 N/A
進行中的治療項目 Ongoing Treatment	□ 藥物 Medication (請附上圖片 Please attach photos)	□其他 Other ____________________	
病患陳述* Patient's Description	治療經歷: Medical History:		
	目前身體狀況: Current health condition:		
	諮詢的問題 Questions to Consult： (請確實填下您想諮詢的問題，醫師會針對問題提供適當的建議)		
附件資料 Attached file	□X-Ray □CT □MRI □病歷 Medical Record □檢查報告 Test/Report □個案照片 Patient Photo □護照影本 Passport scan file		

※諮詢各科的注意事項:

1. 除了檢查報告及文字敘述之外，**請務必附上相關的影像檢查檔案(必須)**，以利完整評估病情及提供治療建議。
2. **骨科**諮詢:請附上**患部的 x 光片(必須)**及其他相關的影像檔。
3. **腦部**及**神經系統**病變之諮詢:**請附上核磁共振(MRI)影像(必須)**。
4. **心臟科**諮詢:**請附上心臟超音波報告及心導管動態影像(必須)**。

※Notice:

1. Except the test report and description, **please attach the related image file.** So our doctor can evaluate disease condition completely and provide appropriate treatment suggestion.
2. **Orthopedics consultation:** Please attach X-ray image of diseased region (Necessary) and other related images.
3. **Brain and Neurosurgery consultation:** Please attach MRI images of diseased region (Necessary).
4. **C-V consultation:** (1) echocardiography reports. (2) Images of cardiac catheterization. (Include coronary angiography)

C. 申請者聲明 APPLICANT'S DECLARATION

*申請者姓名 Applicant Name：____

*新身份證號 NRIC No.：______________________________

注意事項

如同以上姓名, 本人同時了解、接受及同意以下申請條例，也願意給予一切所需之配合:

一、 此項醫療諮詢服務皆係在醫師未能親自診斷病人下所提供的諮詢服務， 本會醫療回覆僅供參考，不代表唯一治療方法或準則。
二、 病患實際所需的檢查與治療項目需待醫師診斷後方能確定。
三、 若有任何身體上的不適或緊急醫療需求，請立即就醫，避免延誤病情。
四、 基於個人資料保護，資料未經病患同意， 請勿附上。

Kindly please take note:

As with the name above, I understand, accept and agree with the following application regulations and willing to give all necessary cooperation:

i. This medical consultation service is provided on account of the medical consultant is unable to personally diagnose the patient. The medical recommendation shall be used as reference and it does not represent that this is the only medication solution or criterion.
ii. The actual medical examination and treatment required by the patient shall be determined after the medical consultant's diagnosis.
iii. If the patient has any physical discomfort or emergency, please seek medical attention immediately to avoid any delay in treatment.
iv. Due to personal data protection, please do not attach any information in which consent has not been given by the patient.

日期 Date: _______________
(DD/MM/YYYY)

____
（姓名/Name: ）
*申請者/直屬家人簽名或蓋章
Signature / Thumb print of applicant
or immediate family member

Applicant aged 18 and below, signature is required from Parent / Guardian.
18 歲以下的申請者，父母/監護者必須簽名。
Application for unconscious patient, signature is required from the guardian.
申請者意識不清醒著，需要監護人簽名。