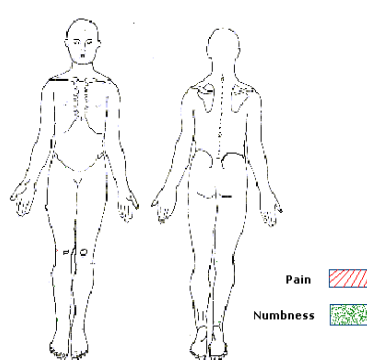




Progress Work Injury Report
(for follow-up consultation by GP or SP)

Patient Name 病人姓名		HKID 香港身份証號碼	Date of Injury 受傷日期
History & Clinical Summary – Present complaint & progress 病歷紀錄 – 現時傷患及進度			
Diagnosis 診斷			
Treatment and Recommendation 治療及建議			
Return to Work 返回工作崗位: <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/> Normal Duties 正常工作 <input type="checkbox"/> Light Duties 輕便工作 (Duration 持續時間: _____) If Light duties, any restriction 若是, 有何限制:			
Sick Leave 病假: <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 If yes, Sick Leave from 病假由 _____ to 至 _____ <i>(please issue a separate Sick Leave Certificate)</i>			
Expected date of return to duty (estimated) 返回工作崗位日期(估計):			
Follow-up on 覆診日期:			
Expected permanent impairment:		<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 (Please specific %)	
Static condition for medical assessment:		<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 Not yet until	
Approval			
Specialist Consultation 專科診斷		Requires approval via TRM from the Client (please complete Approval and Referral Form)	
Physiotherapy and Occupational Therapy 物理及職業治療			
X-ray ≥ HK\$500 per test 放射診斷檢查			
Laboratory Tests 化驗測試			
For emergency case, the attending doctor has authority to proceed the treatments without seeking prior approval.			
Notes to Clinic: Please complete this Report clearly, and fax to TRM (HK) Limited within 2 working days Tel: 3583 7633 Fax: 3010 8287.			
醫生蓋章及簽署: _____ Chop and Doctor Name in Block Letter Signature of Doctor in-charge		Date 日期: _____	