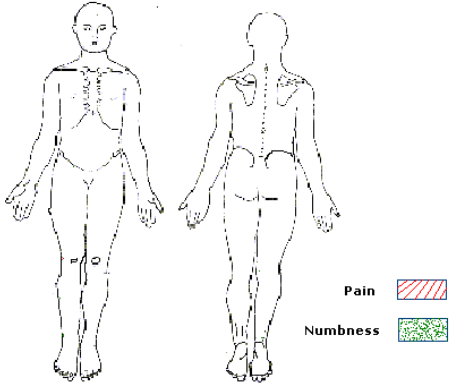




Work Injury Report (For Initial Consultation Use)

Company 公司名稱 _____ (the "Client")	
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	 <p style="text-align: right; font-size: small;"> Pain Numbness </p>
Diagnosis 診斷 _____	
Additional Comments:(Brief rehabilitation plan / progress) 意見 (簡略復康及計劃 / 進度)	
Is it work related injury 是否工傷: <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	
Investigations 檢查 <input type="checkbox"/> X-rays X 光: _____ (region 位置) _____ (no. of views 數量) <i>(X-ray ≥ \$500 test and lab. tests: please complete Approval & Referral Form)</i> <input type="checkbox"/> Others, e.g., MRI and CT scan 其他: _____	
Treatments & Recommendations 治療及建議	
<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	Wound Management 傷口處理 <input type="checkbox"/> Dressing 清洗傷口 <input type="checkbox"/> Suturing 縫針 No. of stitches 針數: _____ <input type="checkbox"/> Others 其他
<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	Specialist consultation 專科門診 Specialty 類別: _____ <i>(please complete Approval and Referral Form)</i>
<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	Rehabilitation 復康 <input type="checkbox"/> Physiotherapy 物理治療 <input type="checkbox"/> Occupational Therapy 職業治療 <i>(please complete Approval and Referral Form)</i>
<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	Splintage / Cast (POP) 手托 / 石膏托 _____ For 作用 _____
<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	ATT Vaccine 破傷風針 <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> booster Date of next injection 下次注射疫苗日期: _____
<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	Prescription (Drugs Names) 藥物處方(藥物名稱) _____
Sick Leave 病假: <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 from 由 _____ to 至 _____ <i>(please issue a separate Sick Leave Cert.)</i>	
Expected date of return to duty (estimated) 復工日期(預計) _____ Type of work 工作類別: <input type="checkbox"/> Normal Duties <input type="checkbox"/> Light Duties (duration: _____)	
Follow-up on 覆診日期 _____	
Notes to Clinic: Please complete this Report clearly, and fax to TRM (HK) Limited within 2 working days (Fax: 3105-1827)	
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>醫生蓋章及簽署: _____ Chop and Doctor Name in Block Letter Signature of Doctor in-charge</p> </div> <div style="width: 45%;"> <p>Date 日期: _____</p> </div> </div>	