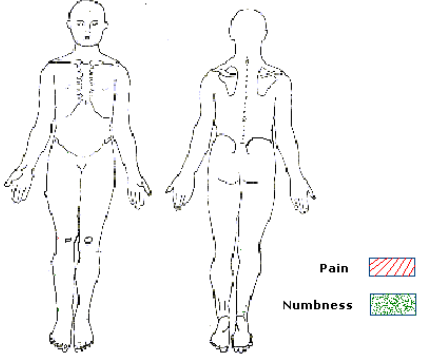




Initial Work Injury Report (For Initial Consultation Use)

<b>Patient Name</b> 病人姓名	<b>HKID</b> 香港身份証號碼	<b>Date of Injury</b> 受傷日期
<b>History &amp; Clinical Summary – Present complaint &amp; progress</b> 病歷紀錄 – 現時傷患及進度		
<b>Diagnosis</b> 診斷		
<b>Additional Comments:(Brief rehabilitation plan / progress)</b> 意見 (簡略復康計劃 / 進度)		
<b>Is it work related injury</b> 是否工傷: <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否		
<b>Investigations</b> 檢查 <input type="checkbox"/> X-rays X 光: _____ (region 位置) _____ (no. of views 數量) (X-ray ≥ \$500 test and lab. tests: please complete <input type="checkbox"/> Others e.g. MRI, CT Scan 其他: _____ <i>Approval &amp; Referral Form</i> )		
<b>Treatments &amp; Recommendations</b> 治療及建議 <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 <b>Wound Management</b> 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 <b>Specialist consultation</b> 專科診斷      Specialty 類別: _____ (please complete <i>Approval and Referral Form</i> ) <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 <b>Rehabilitation</b> 復康 <input type="checkbox"/> Physiotherapy 物理治療 <input type="checkbox"/> Occupational Therapy 職業治療 (please complete <i>Approval and Referral Form</i> ) <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 <b>Splintage / Cast (POP)</b> 手托 / 石膏托 _____ For 作用 _____ <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 <b>ATT Vaccine</b> 破傷風針 <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <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 <b>Prescription (Drugs Names)</b> 藥物處方(藥物名稱) _____		
<b>Sick Leave</b> 病假: <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否      from 由 _____ to 至 _____ (please issue a separate <i>Sick Leave Cert.</i> )		
<b>Expected date of return to duty (estimated)</b> 復工日期(預計) _____ Type of work 工作類別: <input type="checkbox"/> Normal Duties <input type="checkbox"/> Light Duties (duration: _____ )		
<b>Follow-up on</b> 覆診日期		
<b>Notes to Clinic:</b> Please complete this Report clearly, and <b>fax</b> to <b>TRM (HK) Limited</b> within <b>2 working days</b> (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: _____