



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

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		
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 輕工(Duration 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 _____ (please issue a separate Sick Leave Certificate)		
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 dated of return to duty (estimated) 返回工作崗位日期(估計)		
Follow-up on 覆診日期:		
Approval		
Specialist Consultation 專科治療	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: 3105 1817 Fax: 3105-1827.		
醫生蓋章及簽署: _____ Chop and Doctor Name in Block Letter Signature of Doctor in-charge		Date 日期: _____