

轉介表格 (Referral Form)

CanRevive Inc. is a public benevolent institution, established in 1995 by two cancer survivors & a carer to support Chinese speaking people through their cancer journey. Its aim is to help to minimize the impact of cancer on patients and carers by providing free information and emotional support services to cater for their cultural and linguistic needs.

更生會為一個非牟利的華人慈善機構，由兩位癌症康復者及一位關顧者於 1995 年成立，宗旨是為華人癌症病患者及其關顧者提供免費的資訊及情緒支援服務，務求減輕癌症對他們的衝擊。

Please complete the following when making a referral to CanRevive:

如需要轉介任何一位癌症病患者或關顧者至本會，請填妥下列表格：

Patient's/Carer's Information 癌症病患者/關顧者資料:

Name 姓名：_____ Sex 性別：M 男/ F 女 Age 年齡：_____

Contact No. 聯絡電話：_____ Email 電郵：_____

Home Address 地址：_____

Cancer Type 癌症類別：_____ Confirmed Date 確診日期：_____

Treatment 曾接受的治療 (please specify 請註明)：_____

Referred by 轉介來自：

A) Individual 個人：

Name 姓名：_____ Sex 性別：男 / 女

Contact No. 聯絡電話：_____ Email 電郵：_____

Relationship with Client 與癌症患者/關顧者的關係：_____

OR 或

B) Referred by hospital/organization 醫院或機構轉介：

Name of staff/hospital/organization 醫院或機構名稱：_____

Department/Unit 部門/單位：_____ Position 職位：_____

Contact No. 聯絡電話：_____ Email 電郵：_____

Obtained consent for referral from the client 已獲轉介者的同意: Yes 是 No 否

Date of Referral 轉介日期: _____