賽馬會善寧之家
Jockey Club Home for Hospice

Established by: 善寧會 Society for the Promotion of Hospice Care

Funded by: 香港賽馬會慈善信託基金 The Hong Kong Jockey Club Charities Trust 同心同步同進 RIDING HIGH TOGETHER

Fax completed form to
請填妥表格並傳真至
2336 2776

Service Application Form 服務申請表格

Part A (To be filled in by applicant 由申請人填寫)					
Patient 病者			**Applicant 申請人**		
Name 姓名: (Chinese 中文) (English 英文)			Name 姓名: (Chinese 中文) (English 英文)		
HKID 身份證號碼:			Relationship with patient 與病者關係:		
Sex 性別:	Age 年齡:	DOB 出生日期:	Contact 聯絡電話: (Day 日間)		(Night 夜間)
Contact 聯絡電話: (Day 日間)		(Night 夜間)	Address 地址:		
Address 地址:			Email Address 電郵地址:		

Part B (To be filled in by doctors or nurses 由醫生或護士填寫)

1. Medical conditions

☐ Radiotherapy ☐ Chemotherapy ☐ Target Therapy ☐ Operation: _____

Comorbidities:

Past Medical History:

Infectious Disease:

2. Care Plan: Intended date of admission: ____/____/____ DD MM YY

☐ Symptom Control (~ 14 days) ☐ Psychosocial Support

☐ Caregiver Training (~ 7 days) ☐ Respite (~ 5-7 days)

3. Present Medication and Dosage: Allergy : _____

4. Life Expectancy: _____ Month(s) / year(s)

☐ DNACPR Consent ☐ Advance Directive Consent

Understanding of the diagnosis : ☐ Patient ☐ Close Relatives / Significant others

Understanding of the prognosis: ☐ Patient ☐ Close Relatives / Significant others

Remarks:

5. Follow up by

Name: _____ Hospital / Ward: _____

Clinic Address: _____

Email Address: _____

Contact Phone No.: _____ Contact Person: _____

Fax No.: _____ Signature: _____

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Jockey Club Home for Hospice 賽馬會善寧之家
No. 18, A Kung Kok Shan Road, Shatin, New Territories. 香港新界沙田亞公角山路 18 號
Tel 電話: 2331 7000/ Fax 傳真: 2336 2776

Part C (To be filled in by social worker if applicant requires financial subsidy)
(如病者需要申請經濟資助，請由負責社工填寫此部份)

Case Background/Summary:

Financial Situation

☐ CSSA Recipient
☐ No financial assistance received
☐ Medical Waiver Recipient

Total Monthly Income of the Household: _____
Total Net Asset Value of the Household: _____

Supplementary information

Others:

Information of the Recommending Party

Name:	Position:
Name of the Company/ Organization:	
Phone:	Fax:
Signature:	Date:

Notes to Doctors / Nurses / Social Workers

Cases <u>suitable</u> for admission to the service:

1. Applicants who opt for holistic end-of-life care using a multidisciplinary approach
2. Life expectancy of 6 months or less.
3. Accept palliative care.
4. Agree to DNACPR.
5. Advance Directive is preferable.
6. At least one family member or one significant other agrees to be involved in the end-of-life care and support for the applicant.

Cases <u>not suitable</u> for admission to the service:

1. Severely depressed / agitated applicants with high risk of suicide
2. Delirium / severe confusion of recent occurrence that has not been investigated
3. Unstable psychotic applicants
4. Applicants upon discharge from hospitals and need active rehabilitation under close medical supervision
5. Long term geriatric care
6. Malignant wounds with difficulty in controlling bleeding
7. Infectious applicants needing active treatment. (e.g. Airborne Transmission)

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For further information, please call Home Care Service Hotline at 2331 7733.
All applications will be initially assessed by the Home Care Team to confirm suitability for admission.
查詢請致電家居紓緩服務熱線：2331 7733。
所有申請將會由家居紓緩照護團隊作初步審閱，以確定有關申請是否合適。

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