

除獲有關個人的同意外，本表格收集的個人資料只用於有關你的健康護理/一般有關目的(包括但不限於治療、一般性的醫學用途、本院統計及審核)之用。

注意：在向本院提供任何個人資料之前，請先閱讀「病人通知書」。

Except with the consent of the individual concerned, the personal data collected in this Form will be used for the purpose relating to your healthcare / general related purposes (including, but not limited to, treatment, health care, hospital statistical and audit purposes).

Note: Please read "Notice to Patient" before you provide any Personal Data to us.



病人通知書
Notice to Patient

請以正楷填寫表格，並在適當空格加上「✓」。

Please complete the form in **BLOCK LETTERS** and tick "✓" in the appropriate box.

第一部份 SECTION I: 個人資料 PERSONAL DATA			
預約編號: Antenatal No. _____ 醫院號碼: Hospital No. _____		*員工/會員類別 (如適用) Staff / Member Group (if applicable) <input type="checkbox"/> 本院員工或其家屬 Staff or Dependant <input type="checkbox"/> 董事局成員或其家屬 Board-member or Dependant <input type="checkbox"/> 醫生或其家屬 Associate Doctor or Dependant – DR Code () <input type="checkbox"/> 浸聯會成員或其家屬 Convention Member or Dependant	
中文姓名 Chinese Name 姓氏 名		英文姓名 English Name Surname Given Name	
香港身份證號碼 HKID No.	護照號碼 Passport No.	到期日 Expiry Date	出生日期 Date of Birth 日 Day 月 Month 年 Year
職業 Occupation	國籍 Nationality		聯絡電話 Contact No.
住址 Residential Address			
海外地址 (如適用) Overseas Address (if applicable)			電郵地址 Email Address
第二部份 SECTION II: 準父親的個人資料 PERSONAL DATA OF EXPECTANT FATHER			
中文姓名 Chinese Name 姓氏 名		英文姓名 English Name Surname Given Name	
香港身份證號碼 HKID No.	護照號碼 Passport No.	到期日 Expiry Date	出生日期 Date of Birth 日 Day 月 Month 年 Year
職業 Occupation	國籍 Nationality		聯絡電話 Contact No.

備註 Remarks:

*孕婦如屬本院員工/醫生/董事局成員/浸聯會成員或其家屬，請填寫此表格並於下次覆診時或於20週前交回醫生診所。醫生將會轉交本院產科部。

If the expectant mother is our Staff/ Associate Doctor/Board-member/Baptist Convention Member or Dependant, please fill in this form and return to the doctor in your next consultation or before 20 weeks gestation for submission back to our Obstetric Department.



第三部份 SECTION III: 聲明及簽署 DECLARATION & SIGNATURE

繳付產科預約分娩按金條款(如有修訂, 恕不另行通告)

Terms and Conditions (Subject to change without prior notice):

1. 孕婦如為本港居民或非中國內地之外籍人士, 預約分娩按金為 HK\$3,000。此按金只作為孕婦預留分娩床位之用, 並不構成本院或主診醫生與該孕婦在有關臨床治療方案、房間類別、或服務收費方面之任何協定。所有臨床治療方案、房間編配、或服務收費均以孕婦入院分娩時臨床情況及院方當時之規定為準。

Advance maternity deposit for a HK resident or non-Mainland China Foreigner is HK\$3,000. This deposit serves only to reserve a maternity bed for confinement. It does not constitute a binding agreement with the Hospital or attending obstetrician on the type of clinical obstetric service, bed arrangement or service charges. The clinical service, bed allocation and service charges will be determined according to clinical condition and prevailing hospital policy upon admission for confinement.

2. 預約分娩按金以標準房級別為準, 孕婦如欲選擇較高級別房間, 須因應入院時之房間供應情況而定, 本院不設預留房間服務, 入住較高級別房間之孕婦須於入院時繳付按金差額。

Maternity booking is based on the class of Standard Ward. Expectant mother who selects higher bed class would be required to pay additional deposit on admission. While availability of the higher class bed cannot be guaranteed, no advance reservation of higher class bed can be made.

3. 非本港居民入院按金全數為 HK\$38,000, 故非本港居民孕婦入院時尚須補付差額 HK\$35,000。

Admission deposit for non-HK residents is \$38,000. Expectant mother who is non-HK resident will be required to pay the balance amount (\$35,000) on admission.

4. 預約按金不包括選擇剖腹分娩之預約服務, 孕婦必須經由主診產科醫生向手術室另行預約, 先到先得。

Booking of Operation Theatre for elective caesarean delivery, which is independent from maternity booking, will be made by the attending doctor, on first come first served basis.

5. 除下列情況外, 預繳按金一概不予發還

流產 / 經產科醫生確診為胎兒嚴重畸形 / 早產 (嬰兒於懷孕週數不足 34 週在醫院管理局轄下之醫院出生) / 其他特殊情况必須獲本院批核

申請退款時必須輔以醫生書面及文件證明, 如屬流產 / 早產必須在產後一個月內辦理, 逾期恕不接受申請。審批後本院將只退回港幣\$2,500, 會收取行政費港幣\$500。現金或支票退款只限發放予孕婦本人或其書面授權人。以信用咭/銀聯咭繳付按金者, 退款只會退回該付款咭之賬戶。

Except for the following circumstances, advanced deposit is un-refundable.

Abortion / Fetus with major congenital abnormalities / Premature delivery (before Week 34 at HA hospital) / Other special condition as approved by our Hospital

Application for refund must be submitted with doctor's written proof and supporting document. In case of abortion / premature delivery, application must be submitted **within one month** after the procedure, otherwise application will not be considered. HK\$2,500 will be refunded for approved application and HK\$500 will be charged by the Hospital for administration fee.

Refund will only be released to expectant mother or the authorized person bearing her authorization letter. If the deposit has been made by a credit card/ China Union Pay Card, refund will only be reimbursed back to the same credit card/ China Union Pay Card account.

本人已閱讀並明白本院的「病人通知書」及接納上述條款, 現謹此聲明在本表格內提供的資料準確無訛。

I have read and understood the "Notice to Patient" and accepted the above "Terms and Conditions".

I declare that the information given in this form is accurate.

孕婦簽署:

Signature of Expectant Mother _____

日期:

Date _____