

(* Mandatory)

Personal Information

* First Name _____ ☐Miss ☐Ms. ☐Mrs. ☐Mr.
 * Last Name _____ * Sex: ☐Male ☐Female
 * Date of Birth ____ / ____ / ____ HKID/Passport No. ____ (____) (____)
 Day Month Year (Please provide full ID no. for de-duplication purpose)

* Address

Region ☐ HK ☐ KLN ☐ N.T.
 District _____
 Street _____
 Street No. _____
 Estate _____
 Building _____
 Block _____
 Floor _____ Flat _____

*Contact Method

Phone (Home) _____
 (Mobile) _____
 (Office) _____
 Email (Home) _____
 (Office) _____
 Fax (Home) _____
 (Office) _____

Would you like to receive our information?

☐Yes: ☐ by email or ☐ by post

Language: ☐Chinese / ☐English (English version for Cancer Fund and Cancerlink Central Information only)

☐CancerLink Wong Tai Sin ☐CancerLink Kwai Chung ☐CancerLink Hong Kong Island

☐CancerLink Tin Shui Wai (select TWO only) and ☐ InTouch ☐ Not Receive InTouch

Receive Information and latest news by ☐by email or ☐by post or by ☐Mobile App (WhatsApp/WeChat/LINE/SMS etc)

☐No

*Client Type

☐ Patient (Pls fill in "Medical History" on next page)
☐ Family ☐ Friends (Pls fill in "Medical History" on next page)

Patient Name _____ Relationship _____ User Card No.: _____
☐ Public ☐ General Practitioner ☐ Others

Spoken Language ☐ Cantonese ☐ Putonghua ☐ English ☐ Others

Residential Status ☐ Living alone ☐ With Relatives ☐ With Friends ☐ Nursing Home

Marital Status ☐ Single ☐ Married ☐ Divorced ☐ Widowed

No. of Children ☐ None ☐ Yes, have _____ Children(s) Age of children(s) _____

Financial Status ☐ Self-financed ☐ CSSA : Effective Date _____
☐ Disability Allowance / ☐ Supported by ☐ Others
 High Disability Allowance family

Work Status ☐ Employed : Occupation _____
☐ Housewife ☐ Student ☐ Unemployed ☐ Self-Employed ☐ Retired ☐ Others

Education Level ☐ No formal education ☐ Primary ☐ Secondary ☐ Diploma /Certificate ☐ Bachelor ☐ Master or above

Religion ☐ Buddhism ☐ Christianity ☐ Catholicism ☐ Taoism ☐ No Religion ☐ _____

Is Self Help Group Membership? ☐ Yes ☐ No
 Group Name: _____
 Group Name: _____
 Group Name: _____

Hong Kong Cancer Fund CancerLink Support Centre Service User Registration Form

(* Mandatory)

***Medical History and Treatment Information** (To be filled out by Patient, Family and Friends only)

*Cancer Type	Date of Diagnosis (mm/yy)			
(If any)	<input type="checkbox"/> Metastasis <input type="checkbox"/> Relapse			
Hospital	<input type="checkbox"/> Queen Elizabeth <input type="checkbox"/> Tuen Mun <input type="checkbox"/> Other Public Hospital <input type="checkbox"/> Private Hospital	<input type="checkbox"/> Queen Mary <input type="checkbox"/> Pamela Youde Nethersole <input type="checkbox"/> China <input type="checkbox"/> Private Clinic (Doctor's name)	<input type="checkbox"/> Prince of Wales <input type="checkbox"/> Princess Margaret <input type="checkbox"/> Overseas	
Health Status	<input type="checkbox"/> Diagnosing <input type="checkbox"/> Relapse (Site) <input type="checkbox"/> Others	<input type="checkbox"/> Awaiting Treatment <input type="checkbox"/> On Treatment <input type="checkbox"/> Recovering <input type="checkbox"/> Terminal	Date (mm/yy)	
Treatment	<input type="checkbox"/> Operation (Site) <input type="checkbox"/> Chemotherapy <input type="checkbox"/> Radiotherapy <input type="checkbox"/> Hormonal Therapy <input type="checkbox"/> Targeted Therapy <input type="checkbox"/> Traditional Chinese Medicine <input type="checkbox"/> Others (Complementary Therapy)			

How did you find out about this centre?

- | | | | | |
|--|--|--|---|------------------------------------|
| <input type="checkbox"/> Public Hospital | <input type="checkbox"/> Private Hospital | <input type="checkbox"/> Clinic | <input type="checkbox"/> Relatives | <input type="checkbox"/> Friend |
| <input type="checkbox"/> TV Commercials | <input type="checkbox"/> Centre Publications | <input type="checkbox"/> HK Cancer Fund | <input type="checkbox"/> Websites | <input type="checkbox"/> Newspaper |
| <input type="checkbox"/> HK Cancer Fund Booklets | <input type="checkbox"/> MTR Ad | <input type="checkbox"/> Telephone Company | <input type="checkbox"/> Service Agency Referrals | <input type="checkbox"/> Radio |
| <input type="checkbox"/> Magazines | <input type="checkbox"/> Transport Station Light Box | <input type="checkbox"/> Street Donation Booth | <input type="checkbox"/> CancerLink Hotline | <input type="checkbox"/> SHGs |
| <input type="checkbox"/> Others | | | | |

*In Case of Emergency,

Please contact

Contact

Number

Relationship

☐ **I CANNOT provide my emergency contact information. I clearly understand Cancerlink may not contact my relatives in any emergency matters. I will NOT prosecute for any liability.**

DECLARATION :

All personal information will be kept strictly confidential. It will only be used internally within Hong Kong Cancer Fund's network. If you have any queries or you would like to change your personal information, please contact our centre administrator.

Signature

Date (dd / mm / yy)

For Centre Use Only

Client ID:	User Card No.:	<input type="checkbox"/> Valid Diagnosis Identification
Name of SHGs & Membership no.:		<input type="checkbox"/> Valid Address Identification
Received by:	Data entry by:	Checked by:
Date:	Date:	Date:
Source : <input type="checkbox"/> CIS <input type="checkbox"/> Case Mgt (Case Manager:) <input type="checkbox"/> Hotline <input type="checkbox"/> One-off service		

North Point
 2201-03, China United Centre, 28
 Marble Road, North Point, Hong
 Kong
 Email: canlinkcentral@hkcf.org
 Tel: 3667 3030
 Fax: 3667 3100

Central
 Unit 5, Ground Floor, The Center ,
 99 Queen's Road, Central, Hong
 Kong
 Email : canlinkcentral@hkcf.org
 Tel: 3667 3131
 Fax: 3667 3199

Wong Tai Sin
 Unit 2-8, Wing C, G/F., Lung
 Cheong House, Lower Wong Tai
 Sin (II) Estate, Kowloon
 Email : canlink@hkcf.org
 Tel: 3656 0700
 Fax: 3656 0900

Tin Shui Wai
 Shop 201C, 2/F., Kingswood
 Ginza (Phase 2), 12-18 Tin Yan
 Road, Tin Shui Wai, New
 Territories
 Email: canlink-tsw@hkcf.org
 Tel : 3919 7070
 Fax : 3919 7099

Kwai Chung
 3/F., TLP132, 132-134 Tai Lin Pai
 Road, Kwai Chung, New
 Territories
 Email: canlink-kcc@hkcf.org
 Tel : 3667 3232
 Fax : 3667 3299