

Personal Information

User Identity: Patient Care-giver* (Family Friends Domestic Helper)
 First Name : Ms./Mrs./Mr. _____ Last Name : _____
 Sex : M F Date of Birth: _____ (DD/MM/YY) HKID : _____ ()
 Mobile : _____ Office/Home : _____ Email : _____
 Address : _____

***For Care-giver Only**

Patient's Name : _____ Age : _____ Sex : M F
 Patient's User ID : _____ Relationship : _____

Cancer Patient Profile

Cancer Type : _____ (Stage____) Metastasis(parts) : _____
 Date of 1st Diagnosis (MM/YY) : _____ Date of Relapse(MM/YY) : _____
 Health Status : Diagnosed Treatment Survivorship Advanced stage

Treatment	Treatment(MM/YY) & Hospital /Clinic	Treatment	Treatment (MM/YY) & Hospital /Clinic
<input type="checkbox"/> Surgery(Site)_____		<input type="checkbox"/> Targeted Therapy/Immunotherapy	
<input type="checkbox"/> Chemotherapy		<input type="checkbox"/> Hormonal Therapy	
<input type="checkbox"/> Radiotherapy		<input type="checkbox"/> Traditional Chinese Medicine	
<input type="checkbox"/> No Treatment		<input type="checkbox"/> Others (Complementary Therapy)	

Personal Information (Others)

Language : Cantonese Putonghua English Others: _____
 Marital status : Single Married Divorced Widowed/Others
 Children : No Yes, no. of children: _____

Patient's children aged between 5-17y.o. would be offered as Rainbow Club user:

Name	Sex	Date of Birth (DD/MM/YY)

Residential status : Living alone With family/relatives With friends Others: _____
 Source of referral : Medical setting Friends/Relatives Media Others: _____

How to receive our information

1. I agree / disagree to receive HKCF information in Chinese / English.
2. Receive latest LINK programme book and In-Touch by Post or Email
3. Way of contact: Telephone or Email or Mobile App (e.g. WhatsApp)

In Case of Emergency

Contact Person : _____ Contact no. : _____ Relationship : _____

I cannot provide my emergency contact information. I clearly understand Hong Kong Cancer Fund Support Centres may not contact my relatives in any emergency matters. I will NOT prosecute for any liability.

Declaration

All personal information provided by Patient / Care-giver would be having my permission to use.

Personal Information Collection Statement :

All Personal information will be kept strictly confidential. It will only be used internally within Hong Kong Cancer Fund. 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)	<input type="checkbox"/> KCC	<input type="checkbox"/> NP	<input type="checkbox"/> WSC	<input type="checkbox"/> WTS
Source :	<input type="checkbox"/> Self-referred	<input type="checkbox"/> In-person	<input type="checkbox"/> by email	<input type="checkbox"/> by phone)
	<input type="checkbox"/> HelpLine	<input type="checkbox"/> Public talk	<input type="checkbox"/> Hospital	<input type="checkbox"/> Others
Valid HK ID :	<input type="checkbox"/> Yes	<input type="checkbox"/> No (Reason : _____)		
Valid Diagnosis :	<input type="checkbox"/> Yes	<input type="checkbox"/> No (Reason : _____)		
Valid Address :	<input type="checkbox"/> Yes	<input type="checkbox"/> No (Reason : _____)		
Client ID : _____	User card number : _____			

Service provided : Programme Case management One-off Consultation General enquiry Purchase Others: _____

Received by : _____ Date : _____
 Data entered by : _____ Date : _____
 Checked by : _____ Date : _____