癌症基金會 CANCERFUND
So no one faces cancer alone

Hong Kong Cancer Fund Support Centre
Service Client Registration Form

*This field is required.

Personal Information

Client Identity*: ☐Patient ☐Care-giver (☐Family ☐Friend ☐Other Care-giver)

Title*: ☐Miss ☐Ms. ☐Mrs. ☐Mr. ☐Others: ____________

First Name (Eng)*: ______________________ Last Name (Eng)*: ________________________

First Name (Chi)*: ______________________ Last Name (Chi)*: ________________________

Gender*: ☐Male ☐Female ☐Unidentified Date of Birth (DD/ MM/ YYYY)*: ____________

HKID/ Passport's First 4 Characters (e.g. A123)*: ____

Mobile*: _______________ Office/ Home: _______________ WhatsApp No.*: _______________

Email: ____ Nationality*: ____________________________

Address*: ____

Donor No. (if available) _______________

Patient information (For Care-giver Only)

Patient's Name: _______________ DOB(D/M/Y): ________ Gender: ☐Male ☐Female ☐Unidentified

Patient's Client no./ Tel no. (if available): ______________ Relationship: ____________________________

Cancer Medical Information

Primary Cancer Type*: ________________ (Stage___) ☐Metastasis Location: ______________________

Date of Diagnosis (MM/YY)*: ___________ ☐Date of Relapse (MM/YY): _________________

Stage of Care*: ☐Diagnosed ☐Treatment ☐Survivorship ☐Palliative

Treatment*	Treatment (MM/YY) & Hospital /Clinic	Treatment*	Treatment (MM/YY) & Hospital /Clinic
☐Surgery (Site)_______		☐Stem Cell or Bone Marrow Transplant	
☐Chemotherapy		☐Proton Therapy	
☐Radiotherapy		☐Chinese Medicine	
☐Targeted Therapy		☐Acupuncture	
☐Immunotherapy		☐Complimentary Medicine	
☐Hormonal Therapy		☐ Others (Please specify: ___________)	

Other Medical information (if available):

____

____

*This field is required.

Other Personal Information

Language*: ☐Chinese ☐English

Spoken Language*: ☐Cantonese ☐Mandarin ☐English ☐Others: _____

Contact Methods (multiple options)*: ☐All ☐Mobile ☐Office/Home ☐Email ☐Direct Mailing ☐WhatsApp

Residential Status*: ☐Living Alone ☐With Relatives ☐With Friends ☐With Domestic Helper ☐Others

Receive CSSA*: ☐No ☐Yes (Start date (DD/MM/YY): _____/_____ /_____
Expiry date (DD/MM/YY): _____/_____/_____)

CSSA Remarks: ____

Education level*: ☐Illiterate ☐Primary ☐Secondary ☐Diploma/ Certificate ☐Higher diploma/ Associate degree ☐Degree ☐Master degree and above

Industry: ____

Marital status*: ☐Single ☐Married ☐Divorced ☐Widowed

How to know us*: ____

Children*: ☐No ☐Yes, no. of children: ______

Patient's children aged between 0-17 years old would be offered as Rainbow Club client:

Name	Gender	Date of Birth (DD/MM/YY)	HKID/ Passport 's First 4 characters (e.g. A123)

HKCF Publications Subscription*

1. I ☐agree / ☐disagree to receive HKCF Publications in ☐Chinese / ☐English.

2. Receive ☐Link and ☐In-Touch by ☐Post or ☐Email or ☐WhatsApp.

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*This field is required.

Emergency Contact*

Contact Person: __________________ Phone 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.

Marketing Promotion Consent*

I ☐agree / ☐disagree the Hong Kong Cancer Fund may use my personal data provided in this form to send me the most updated information including, but not limited to, the promotion information, feedback collection and health talk invitation.

Declaration*

Personal Information Collection Statement：

All Personal information will be kept strictly confidential. All personal information provided by the client would be used with the permission. Moreover, 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)

Registration Form Internal Information (For Centre Use Only)

Centre: ☐KCC ☐NP ☐WSC ☐WTS

Source of Intake: ☐Drop-in ☐Helpline ☐Case Management

Service Provided: ☐Programme ☐Case Management ☐One-off Consultation

☐General Enquiry ☐Loan ☐Others: _________________

HKID/ Passport Proof: ☐Checked ☐Not Checked (Reason: _______________________)

Medical Proof: ☐Checked ☐Not Checked (Reason: _______________________)

Address Proof: ☐Checked ☐Not Checked (Reason: _______________________)

Client no.:____________________________ Remarks: ____________________________________

Received by: _________________________ Date: ____

Data entered by: _____________________ Date: ____

Checked by: __________________________ Date: ____