香港中文大學醫院
CUHK
Medical Centre

Name (English & Chinese):

Date of Birth: (dd-mm-yyyy) Sex:

ID No.:

ADMISSION LETTER

Please ☑ the appropriate item(s)

Admission Date & Time: _____ **Expected Length of Stay:** _____ **Day(s)**

Room Type: ☐ 4-bed (☐ Standard ☐ Seaview (only applicable to Medical Ward)) ☐ Semi-private (☐ 1-bed ☐ 2-bed) ☐ Private (☐ Big ☐ Small) ☐ Deluxe ☐ Day Bed ☐ Droplet/ Airborne Isolation ☐ Contact Precaution

Drug Allergy(ies): ☐ NKDA ☐ Yes, please specify _____

Food Allergy(ies): ☐ NKFA ☐ Yes, please specify _____

Alert(s): ☐ Nil ☐ G6PD Deficiency ☐ Others, please specify _____

History of multiple drug resistance organisms (MDRO):

☐ No ☐ Yes, MRSA / ESBL / CRA / MRAB / MDRA / CPE / VRE / MRPA / Candida auris (Confirmed/Contact)

Adverse Drug Reaction(s): ☐ Nil ☐ Others, please specify _____

On High Alert Drug(s): ☐ Nil ☐ Anticoagulant ☐ Non-Aspirin Antiplatelet ☐ Others: _____

Current Medications: ☐ No ☐ Yes. Please fill in the attached Patient Own Medications and Prescription Record to accompany this letter.

Principal Diagnosis:

Secondary Diagnosis:

History of Presenting Illness:

Plan of Management:

Others:

Treatment Procedure/Surgical Operation:

OT Date & Time: _____ ☐ Informed Consent Signed (attach to this letter if any) ☐ Information Sheet given to patient

Doctor's Signature _____ Doctor's Name _____ Date (dd-mm-yyyy) _____

Remarks:

1. Please advise patient to bring along all investigation reports or films and signed budget estimate (if any) for admission.
2. Please use extra sheet if necessary.

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