

**心願計劃推薦/申請表格**  
**Project Wish Recommendation / Application Form**

心願計劃可經由以下人士推薦申請(1) 紓緩癌病患者家人或 (2) 紓緩癌病患者的主診醫生、病房經理、護士、社工或(3) 紓緩癌病患者本人，但必須經由主診醫生證明及簽署。

Project Wish service can be referred by: (1) Palliative cancer patients' family members or (2) medical professionals such as doctors, ward managers, nurses, social workers or (3) palliative cancer patients. The completed form has to be certified and countersigned by the doctor.

以下由紓緩癌病患者/家人填寫(To be completed by palliative cancer patient / family member)

病人姓名 中文 英文 性別  
Patient's Name: (Chinese) \_\_\_\_\_ (English) \_\_\_\_\_ Sex: \_\_\_\_\_

出生日期 日/月/年 年齡 身份証號碼  
Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ (date/ month/ year) Age: \_\_\_\_\_ I.D. Card No. \_\_\_\_\_

住宅地址  
Home Address: \_\_\_\_\_

住宅電話 聯絡電話 電郵  
Home Tel no. \_\_\_\_\_ Contact No. \_\_\_\_\_ Email \_\_\_\_\_

願望  
Wish: \_\_\_\_\_

病人簽署 日期  
Patient's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

申請人(家人)姓名 與病人關係  
Applicant's Name: \_\_\_\_\_ Relationship with patient: \_\_\_\_\_

聯絡電話 簽署 日期  
Contact No. \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

以下由醫生/病房經理/護士/社工填寫

**(To be completed by doctor/ward manager/nurse/social worker)**

病人病症：

Patient's Diagnosis \_\_\_\_\_

病人是否住院 是 Yes 病房 Ward: \_\_\_\_\_

1. Is the patient staying in hospital 否 No

病人的健康狀況是否急切需求這服務 是 Yes 建議完成時限 Suggested timeframe: \_\_\_\_\_

2. Is there an urgency to fulfill the wish 否 No  
within a certain timeframe?

請列明一些醫療需要或特別考慮以達成病人的願望

3. Please describe any special medical needs or consideration that might fulfill the patient's wish.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

醫生姓名

Doctor's Name: \_\_\_\_\_

醫生電話號碼

Doctor's Tel No: \_\_\_\_\_

醫生簽署

Doctor's Signature: \_\_\_\_\_

推薦人姓名

Referring Person: \_\_\_\_\_

(\*if different from doctor)

職銜

Title: \_\_\_\_\_

簽署

Signature: \_\_\_\_\_

醫院及部門

Hospital & Dept.: \_\_\_\_\_

醫生傳真號碼

Doctor's Fax No: \_\_\_\_\_

日期

Date: \_\_\_\_\_

組織

Organization \_\_\_\_\_

聯絡電話

Contact No.: \_\_\_\_\_

傳真號碼

Fax No.: \_\_\_\_\_

日期

Date: \_\_\_\_\_

**For The Hong Kong Anti-Cancer Society Use Only:**

Date of Application received: \_\_\_\_\_

**Action Plan:**

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Venue: \_\_\_\_\_

Wishes: \_\_\_\_\_

No. of involving volunteer: \_\_\_\_\_ Name of Volunteer(s): (1) \_\_\_\_\_ (2) \_\_\_\_\_  
(3) \_\_\_\_\_ (4) \_\_\_\_\_

Remarks \_\_\_\_\_

**The personal Data & Privacy Statement:** The personal data collected will be treated as a strictly confidential matter and will be used only for communications purposes. Individual data will not be disclosed to the public.

個人資料及私隱聲明：承諾完全遵守《個人資料(私隱)條例》的規定。關於個人資料問題，只會用作溝通之用，個人資料不會向外披露。