寶血醫院（明愛） Precious Blood Hospital (Caritas)

LI KA SHING FOUNDATION 李嘉誠基金會

Total Knee Replacement Operation Subsidy Scheme – Application Form
「全膝關節置換手術」資助計劃 – 申請表

內部使用 For internal use only	
申請編號 Application No.	MSKR-2021-
申請日期 Date of application	

Part 1a Particulars of Patient
第1a部分 病人資料

(To be completed by Patient 須由病人填寫)

Note: Please read carefully the "Personal information Collection Statement and Privacy Statement" and "Guidance Notes and Terms and Conditions" and complete all items in this form with a blue or black pen. Please cross out any incorrect entries and sign against the amendment. Do not use correction fluid.
注意: 填寫前，請先詳閱「收集個人資料的聲明 及私隱政策聲明」及「申請須知及條款細則」。請用黑色或藍色原子筆。如書寫錯誤，請用筆劃線刪改，並在旁簽署作實，切勿使用塗改液。

Surname 姓:		Sex 性別:	
Given Name 名:		Date of Birth 出生日期:	
HKID No. 香港身分證號碼:		Tel No. 電話號碼:	
Address 地址:			
Email 電郵地址 (if applicable 如有):			
Average monthly household income in the recent one year 最近一年平均家庭每月收入:			
Number of family members living together 同住家庭人數:			
Hospital for follow-up 病情跟進醫院:			

Please tick the appropriate box. 請在適當方格上填上剔號。

1. Is the patient on waiting list of "knee replacement" of Hospital Authority?
   是否正輪候政府公立醫院「膝關節更換手術」病人?

   ☐ Yes 是 ☐ No 否

   Duration of waiting period 等候年期:
   _____year 年 _____ month 月

2. Is there any referral letter issued by Hospital Authority? 是否有醫院管理局發出的轉介信? ☐ Yes 是 ☐ No 否
3. Is there any note issued by Hospital Authority for follow-up treatment? 是否有醫院管理局發出的覆診紙? ☐ Yes 是 ☐ No 否
4. Referrer 轉介人 ☐ Orthopedist 骨科醫生 ☐ Registered social worker 社工 ☐ Self-application 自行申請

Part 1b 第1b部分 Particulars of Parent / Legal Guardian ("Guardian") (if applicable) 父母/合法監護人(「監護人」)的資料 (如適用)

(To be completed by Guardian 須由監護人填寫)

If the patient is under the age of 18, the Guardian of the patient must complete this section:
如病人為18歲以下人士，須由其監護人填妥下表:

Relationship with patient 與病人的關係:		Name (Full name as appearing in HKID card /other identity document) 姓名 (全名，與香港或其他身份証相同):	
HKID No. / Other Identity Document No. 香港身份證號碼/其他身份證明文件號碼:		Tel No. 電話號碼:	

寶血醫院（明愛） Precious Blood Hospital (Caritas)　LI KA SHING FOUNDATION 李嘉誠基金會

Part 1c　Patient/Guardian Declaration and Undertaking
第1c部分　病人/監護人的聲明及承諾

(To be completed by Patient/Guardian 須由病人/監護人填寫)

Patient/Guardian declares that:-
病人/監護人僅此聲明:

1. I/The child patient have/has never received any financial assistance from Total Knee Replacement Operation Subsidy Scheme ("Scheme") or other governmental or non-governmental organization(s) sponsoring for the knee replacement surgery before.
本人/兒童病人未曾受惠於「全膝關節置換手術」資助計劃 (「本計劃」)或其他由政府或非政府機構資助的膝關節置換計劃。
2. I/The child patient declare/declares my average household income in the recent one year is less than HK$80,000 per month.
本人/兒童病人最近一年平均家庭每月收入少於港幣80,000元。
3. I am NOT currently working in Precious Blood Hospital (Caritas) ("Hospital").
本人不是現職於寶血醫院（明愛）(「本醫院」)。
4. I/The child patient do/does NOT have any immediate family member working in the Hospital.
本人/兒童病人沒有近親現職於本醫院。
5. All information and documents provided relating to the Scheme is true, accurate and complete.
所有就本計劃所提供的資料及文件均為真實、準確及完整。
6. I/The child patient have/has read and agreed to "Guidance Notes and Terms and Conditions" of the Scheme including the disclaimer therein together all other terms and conditions relating to the Scheme and agree to be bound by them.
本人/兒童病人已詳閱及同意接受本計劃「申請須知及條款細則」包括免責條款及其他有關本計劃之條款及受其約束。
7. I/The child patient have/has read and agreed to the Personal Information Collection Statement and Privacy Policy Statement.
本人/兒童病人已詳閱及同意有關收集個人資料的聲明及私隱政策聲明。
8. I/The child patient understand and agree/understands and agrees that the Hospital / Li Ka Shing Foundation Limited ("LKSF") has the right to amend, suspend, retrieve or terminate the Scheme and/or any individual application.
本人/兒童病人明白及同意，本醫院/李嘉誠基金會有限公司(「李嘉誠基金會」)有權因應不同的原因，更改、暫停、撤回或中止有關的資助計劃及/或任何個別申請。
9. I/The child patient consent/consents to the making of any enquiries necessary for the processing of this application.
本人/兒童病人同意為處理本申請而進行任何所需的查詢。
10. I/The child patient consent/consents to releasing my/the child patient's information any organizations and authorities for the processing of this application.
本人/兒童病人同意為處理本申請而向任何機構提供本人/兒童病人的資料。
11. I/The child patient authorize/authorizes all organizations to release any record or information which the Hospital and LKSF may require for the processing of this application.

本人/兒童病人授權所有機構向本醫院及李嘉誠基金會提供為處理本申請所需的任何記錄或資料。

12. I/The child patient consent/consents to the use/disclosure of any information provided for this application by/to any organizations for verifications purposes.
本人/兒童病人同意可將就本申請所提供的資料提供予任何機構以作核對用途。

13. I/ The child patient agree/agrees that in case of discrepancy between the English version and the Chinese version of this application form, the English version shall prevail.
本人/兒童病人同意本申請表之中英文版本如有歧義，一律以英文版本為準。

The undersigned has read the above statement and well understood and agreed to it.
本人(即簽署人)已詳細閱讀並完全明白及同意上述聲明。

_____	_____	_____
Signature of Patient / Guardian 病人/監護人簽署 (HKID No:)	Name of Patient / Guardian 病人/監護人姓名	Date (D/M/Y)

寶血醫院（明愛）
Precious Blood Hospital (Caritas)

LI KA SHING FOUNDATION
李嘉誠基金會

Part 2 Hospital Recommendation
第2部分 醫院建議

(To be completed by Precious Blood Hospital (Caritas) and attending doctor 須由寶血醫院（明愛）及應診醫生填寫)

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Surname 姓:		Sex 性別:	
Given Name 名:		Date of Birth 出生日期:	
HKID No. 香港身分證號碼:		Tel No. 電話號碼:	

☐ The patient is eligible to participate the Scheme to undergo the surgery for:
該病人合適參與本計劃為以下進行手術:
- ☐ Left Knee 左膝
- ☐ Right Knee 右膝
- ☐ Both Knee 雙膝

☐ The patient is NOT eligible to participate the Scheme to undergo the surgery.
該病人不合適參與本計劃進行手術。

Name of Attending Doctor 應診醫生姓名:		Chop of Precious Blood Hospital (Caritas) 寶血醫院（明愛） 蓋章:	
Signature of Attending Doctor 應診醫生簽署:			
Date 日期:			

寶血醫院（明愛） Precious Blood Hospital (Caritas)

LI KA SHING FOUNDATION 李嘉誠基金會

Part 2 Hospital Recommendation
第2部分 醫院建議

(To be completed by Precious Blood Hospital (Caritas) 須由寶血醫院（明愛）填寫)

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申請編號 Case file Reference	MSKR-2021-
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Surname 姓:		Sex 性別:	
Given Name 名:		Date of Birth 出生日期:	
HKID No. 香港身分證號碼:		Tel No. 電話號碼:	

Surgery Cost 手術費用:	HK$ 港幣
Recommended Subsidy 建議資助金額:	HK$ 港幣

Notes:
備註 _____

Signature of Administrator Precious Blood Hospital (Caritas) 寶血醫院（明愛）批核人簽署	Chop of Precious Blood Hospital (Caritas) 寶血醫院（明愛）蓋印	Date (D/M/Y)

****

☐ Agree as recommended above 同意上述建議 ☐ Disagree 不同意 ☐ Other: 其他 _____

Signature of Approver Li Ka Shing Foundation Limited 李嘉誠基金會有限公司批核人簽署	Name of Approver 批核人姓名	Date (D/M/Y)

寶血醫院（明愛） Precious Blood Hospital (Caritas)

LI KA SHING FOUNDATION 李嘉誠基金會

Total Knee Replacement Operation Subsidy Scheme - Importance Notice
「全膝關節置換手術」資助計劃 - 注意事項

Important Notice and checklist for submitting application form
遞交表格須注意的事項及清單

1. Please ensure that all required parts of the application form have been completed and signed and all information and documents provided is true, accurate and complete.
請確保申請表的全部所需部分已填妥並簽署。當你提供此等個人資料時，請確保其真實性、完整性及準確性。

2. Please provide the following documents for verification (copy only):
請提供以下證明文件(只需遞交副本):
   - ☐ HKSAR identity card of Patient and Guardian (if applicable) 病人及監護人(如適用) 的香港身分證
   - ☐ Doctor’s referral letter (if applicable)
     醫生轉介信(如適用)
   - ☐ Waiting list proof for knee replacement under Hospital Authority
     醫院管理局發出等候做膝蓋手術證明
   - ☐ Government CSSA proof (if applicable)
     領取政府綜合援助金證明(如適用)

3. Please ensure that all relevant information are clear and complete, If not, the applicant will be requested for resubmission.
請確保填寫的資料及附加文件清晰可見，如申請表或其他證明文件模糊不清，申請者會被要求重新遞交或填寫表格。

4. The Hospital and LKSF will only process an application when all supporting documents provided are in order.
申請人必須遞交齊全的文件後，本醫院及李嘉誠基金會才正式審批。

5. The Hospital and LKSF may request further information and supporting documents from the applicant, interview applicant or contact the subject officer / delegated attending doctor of the applicant for more information.
如有需要，本醫院及李嘉誠基金會有權要求申請人提供進一步資料和證明文件、約見申請人或聯絡申請人的項目主任/授權應診醫生，索取進一步資料。

6. The Hospital and LKSF has the right to amend, suspend, retrieve or terminate the Scheme and/or any individual application.
本醫院及李嘉誠基金會有權因應不同的原因，更改、暫停、撤回或中止本計劃及/或任何個別申請。