

**Patient Information** *(stick Patient Label upon admission)*

Patient Name: \_\_\_\_\_  
 Sex: \_\_\_\_\_ Age: \_\_\_\_\_  
 Patient HKID / Passport No.: \_\_\_\_\_  
 Patient Contact no.: \_\_\_\_\_  
 Date of Admission: \_\_\_\_\_  
 Estimated Admission Time: \_\_\_\_\_ a.m. / p.m.

SPHF-AHB-004

**St. Paul's Hospital**

聖保祿醫院

**Admission Letter****Fax No. : 2895 2956****To: Admission Office, St. Paul's Hospital**      **Date:** \_\_\_\_\_**Category of hospital bed required** *(Please tick as appropriate):***Inpatient**

- Private room  
 Semi-private room

- General ward  
 Isolation room

**Day Case**

- Bed required  
 Bed not required

**Patient Details**

<b>Allergy Information:</b> <i>(if applicable)</i>	<i>Allergic to:</i>	<i>Type of reaction:</i>
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**Provisional Diagnosis / Clinical findings:****Investigations:****Treatment:****Operation:***Date / Time:**Anaesthetist:***Signature of Doctor:** \_\_\_\_\_ **Name of Doctor :** \_\_\_\_\_**Doctor Code :** \_\_\_\_\_*(in block letters or clinic chop)*