

Nutrition Service Referral Form 營養服務轉介書

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| To: United Christian Nethersole Community Health Service Division of Community Nutrition 基督教聯合那打素社康服務 社區營養服務 Tel: 3188 9994 / Email: cns@ucn.org.hk | From: Name & Telephone of Referring Doctor / _____ 轉介醫生 / 轉介者 姓名及電話: |
|---|---|

Name of Client (病人姓名): _____ (中文) _____ (英文)

Date of Birth (出生日期): _____ Age (年齡): _____

Gender (性別): Male (男) Female (女) HKID#香港身份証號碼: _____ ()

Contact (Day-time) Tel. (日間聯絡電話): _____

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| Diagnosis: Diet Recommendation (Reasons for referral): |
|---|

Date of referral: _____

Relevant Laboratory Tests: (Complete below or attach lab. report) Collect Date: _____

| Test | Result (unit) | Test | Result (unit) | Test | Result (unit) |
|---------------------|---------------|---------------|---------------|------------------|---------------|
| Cholesterol – Total | | Uric Acid | | Blood pressure | |
| Cholesterol – LDL | | Urea | | Others, specify: | |
| Cholesterol – HDL | | Sodium | | | |
| Triglyceride – TG | | Potassium | | | |
| Glucose (fasting) | | Phosphate | | | |
| Glucose (2 hr pp) | | Creatinine | | | |
| Glucose (spot) | | eGFR | | | |
| HbA1c | | Total Protein | | | |
| ALT / AST / ALP | | Albumin | | | |
| Bilirubin | | Haemoglobin | | | |

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| Relevant medications (or attach medication list) | |
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Directions (步驟):

1. Please complete and sent to Community Nutrition Service of UCN via email: cns@ucn.org.hk / WhatsApp to 9769 2502.
 填妥後請透過以下方式傳送至基督教聯合那打素社康服務 - 社區營養服務收：電郵 cns@ucn.org.hk / WhatsApp 9769 2502。
2. Patient will be contacted by telephone for an appointment. There is a service fee for every dietitian consultation and for price range, please refer to below QR code.
 我們將直接聯絡病人，並安排約見時間及地點。營養輔導收費請瀏覽以下 QR code。
3. For enquiries, please contact Community Nutrition Service at 3188 9994.
 如有任何查詢，歡迎致電社區營養服務電話 3188 9994



收費表/Price List

For CN Use: Appt. Date/Time/Centre: _____ Initial: _____