

Total Knee Replacement Operation Subsidy Scheme (Phrase Two)  
- Application Form  
「全膝關節置換手術」資助計劃(第二期) - 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。

English Name 英文姓名:		Chinese Name 中文姓名:	
Sex 性別 / Age 年齡		Date of Birth 出生日期:	
HKID No. 香港身份證號碼:		Tel No. 電話號碼: Please indicate if it is not held by the Patient 如號碼並非病人持有, 請註明:	
Name of Contact Person 聯絡人姓名:		Relationship between Contact Person and Patient 聯絡人與病人的關係:	
Address 地址:			
District 居住地區	<input type="checkbox"/> Central & Western 中西區 <input type="checkbox"/> Eastern 東區 <input type="checkbox"/> Southern 南區 <input type="checkbox"/> Wan Chai 灣仔區 <input type="checkbox"/> Kowloon City 九龍城區 <input type="checkbox"/> Kwun Tong 觀塘區 <input type="checkbox"/> Sham Shui Po 深水埗區 <input type="checkbox"/> Wong Tai Sin 黃大仙區 <input type="checkbox"/> Yau Tsim Mong 油尖旺區 <input type="checkbox"/> Islands 離島區 <input type="checkbox"/> Kwai Tsing 葵青區 <input type="checkbox"/> North 北區 <input type="checkbox"/> Sai Kung 西貢區 <input type="checkbox"/> Sha Tin 沙田區 <input type="checkbox"/> Tai Po 大埔區 <input type="checkbox"/> Tusen Wan 荃灣區 <input type="checkbox"/> Tuen Mun 屯門區 <input type="checkbox"/> Yuen Long 元朗區		
Email 電郵地址	(If any 如有)		
Number of family members living together 同住家庭人數:		Number of working family members 在職家人人數:	
Average monthly household income in the recent one year 最近一年平均家庭每月收入:	\$	Applicant's Average monthly personal income in the recent one year 申請人最近一年個人每月收入	\$
Applicant's source of income 申請人收入來源	<input type="checkbox"/> Working 工作 <input type="checkbox"/> Supported by Family Members/ Children 親友/子女供養 <input type="checkbox"/> Investment 投資 <input type="checkbox"/> Other 其它:		
Special Financial Conditions 特殊經濟狀況	<input type="checkbox"/> CSSA Recipient 綜援人士 <input type="checkbox"/> Unemployed 無業 <input type="checkbox"/> Retired 退休 <input type="checkbox"/> Normal/Higher Disability Allowance 普通/高額傷殘津貼 <input type="checkbox"/> Old Age Allowance 高齡津貼(俗稱生果金) <input type="checkbox"/> Normal/Higher Old Age Living Allowance 普通/高額長者生活津貼 <input type="checkbox"/> Other 其它:		

Hospital for follow-up 病情跟進醫院:	
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Please tick the appropriate box. 請在適當方格上填上剔號。

1. Have you applied for Phase One of the Total Knee Replacement Operation Subsidy Scheme?  
你是否曾經申請第一期「全膝關節置換手術」資助計劃?

Yes 是

(i)  I have received subsidy for operation  
(HKD\$ \_\_\_\_\_)  
已獲資助手術費 (港幣\$ \_\_\_\_\_)

第一期之申請編號(由寶血醫院(明愛)填寫, 如適用): \_\_\_\_\_  
Application no. of phase one (filled by Precious Blood Hospital (Caritas), if applicable): \_\_\_\_\_

(ii)  I have applied but my application was not accepted  
曾經申請但未被接納

No 否

2. 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 As at the date of this application,  
duration of waiting period:  
截至本申請表的申請日期, 已經輪候的年期:

No 否

\_\_\_\_\_ year 年 \_\_\_\_\_ month 月

3. 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

4. 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

5. Referrer 轉介人

Orthopedist 骨科醫生

Social Welfare Organization 社福機構

Self-application 自行申請

**Part 1b**  
**第1b部分**

**Patient/Guardian Declaration and Undertaking**

**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. Except for the declaration made by me / the child patient regarding the status of sponsorship under Total Knee Replacement Operation Subsidy Scheme ( "Scheme" ), I/The child patient have/has never received any financial assistance from governmental or non-governmental organization(s) sponsoring for the knee replacement surgery before.  
除本人/兒童病人在上述申請表已申報「全膝關節置換手術」資助計劃(「本計劃」)的資助情況外,本人/兒童病人未曾受惠於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)