



The Hong Kong Sanatorium & Hospital: Endocrine & Diabetes Centre

養和醫院 內分泌及糖尿病中心

You may submit your completed form: 遞交報名表格方法:

- 1) By Fax 傳真: 2892 7513
- 2) By E-mail 電郵: diabetes@hksh.com
- 3) By Mail 郵寄: 10th Floor, Li Shu Pui Block, Hong Kong Sanatorium & Hospital, 2 Village Road, Happy Valley, Hong Kong 香港跑馬地山村道二號 李樹培院十樓

Please contact our staff for any enquires. 欲知詳情，請向本中心職員查詢。

Tel: 電話: 2835 8683, 2835 8676

HKSH Diabetes Club Registration Form

樂胰會 報名表格

For Office use only:

Membership no.: _____

Please tell us a little about yourself:

請簡單自我介紹一下：

Name 姓名: _____ (Eng.) _____ (中文) Mr. 先生/ Mrs. 女士/ Ms. 小姐

Preferred to be called 最喜歡的稱呼: _____ ID no. 身份証號碼: _____

Address 地址: _____

Contact no. 聯絡電話: _____ Fax no. 傳真號碼: _____

Email address 電郵地址: _____

Preferred means of contact 最方便的聯絡方法: Telephone 電話 E-mail 電郵 Regular mail 郵遞

Date of Birth 出生日期: _____ Occupation 職業: _____

Interest & Hobbies 興趣和嗜好: _____

How many times per week do you eat out? 每星期外出進食的次數?

Breakfast 早餐 _____ Lunch 午餐 _____ Dinner 晚餐 _____ Snack 小食 _____

Alcohol intake 飲酒份量: Number of drinks per week 每星期多少杯 _____ Type 種類: _____

Smoking 吸煙: Yes 有: Cigarettes per day 每天多少支 _____ / No 無 / Quit 戒掉: How long 多久 _____

Physical Activities 運動: Type 種類: _____

How often? 每星期多少次? _____ For how long? 每次多久? _____

Height 身高: _____ cm 厘米 Weight 體重: _____ kg 千克 BMI 體重指標: _____

Type of Diabetes 糖尿病類型: Type 1 第一型 Type 2 第二型 Not sure 不知道

I do not have Diabetes 我沒有糖尿病

Do you monitor blood glucose?
你有否進行血糖自我監察測試?

Yes 有: Frequency 次數: _____ / No 無

Do you take insulin ?

你有否注射胰島素? Yes 有: Frequency & Type 次數及種類: _____ / No 無

Do you take diabetes medication? 你有否服降糖藥物? No 無

Yes 有: Frequency & Type 次數及種類: _____

Have you even seen a dietitian or attended diabetes education class before?

你有否曾經約見營養師或參與糖尿病教育課程?

Yes 有: When? 何時? _____ No 否

How do you feel about having Diabetes? 患上糖尿病後，你的感覺是…?

no special feeling 無特別感覺 accepted 接受現實 depressed 沮喪

guilty 有罪疚感 denial 不願承認 afraid 害怕

worried 擔心 tired 疲倦 annoyed 厭煩

angry 憤怒 Others 其他: _____

Personal health

個人健康狀況:

Hypertension 高血壓

Lipid Disorder 血脂異常

Heart Disease 心臟病

Stroke 中風

Others 其他: _____

Would you like to help with planning and development of the HKSH Diabetes club activities?

你會否有興趣參與協助策劃和推動糖尿會的活動?

Yes 會 No 不會

What would you like to see/ have as a member of our DM club 作為養生糖的成員，你有何期望?

Signature 簽名: _____ Date 日期: _____

For Office use only	
Date received: _____	Membership No. _____
<input type="checkbox"/> Payment: \$ _____ <input type="checkbox"/> Cash	<input type="checkbox"/> CHQ: _____ <input type="checkbox"/> Visa/ Master: _____
<input type="checkbox"/> Welcome pack given Date: _____	Handled by: _____
BSG model name: _____	
<input type="checkbox"/> HA/ DM center patient	<input type="checkbox"/> Patient no: _____
Date of acceptance: _____	