申请书

谢谢您考虑洛杉矶儿童医院提供您孩子的医疗服务。为了给予最全面的照顾，请填写此表格，与清单上列出的文件一并通过电子邮件缴回. 我们的国际个案专员将会把这些资料呈给我们的医疗团队,以评估最合适的治疗/下一步骤.

**Today’s Date (Month ##, Year)/今天的日期:** Click here to enter a date.

**A: PATIENT INFORMATION/病人资料**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | | | |  |
| **Last Name/姓氏** | **First Name/名字** | | | | **Middle Initial/中间名缩写** |
| Click here to enter a date. |  |  **M**  **F** |  | | |
| **Date of Birth/出生日期 (Month ##, Year)** | **Age/**  **年龄** | **Gender/性别** | **Country of Citizenship/国籍** | | |
|  |  | | | | |
| **Place of Birth/出生地** | **Country of Residence/居住国** | | | | |
|  | | | |  | |
| **Diagnosis/诊断** | | | | **Symptom(s)/症状** | |

**B: FAMILY AND CONTACT INFORMATION/家庭及联系方式**

***Parent/*父母*#1***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | | | |  | |
| **Last Name/姓氏** | **First Name/名字** | | | | **Middle Initial/中间名縮寫** | |
| **Click here to enter a date.** |  **M**  **F** |  | |  | | |
| **Date of Birth/出生日期 (Month ##, Year)** | **Gender/性別** | **Relationship/关系** | | **Country of Residence/居住国** | | |
|  |  | | | | | |
| **Phone Number/电话号码** | **Email Address/电子邮件地址** | | | | | |
|  | | | | | | |
| **Primary Language/主要语言** | | | | | | |
|  | | | | |  | |
| **Name of Employer/雇主名称** | | | | | **Phone Number of Employer/雇主的电话号码** | |
|  | | |  |  |  |  |
| **Work Address/工作地址** | | | **City/城市** | **State/省份** | **Zip/邮政编码** | **Country/国家** |

**B: FAMILY AND CONTACT INFORMATION (CTD.)/家庭及联系方式**

***Parent/*父母*#2***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | | | |  | |
| **Last Name/姓氏** | **First Name/名字** | | | | **Middle Initial/中间名縮寫** | |
| **Click here to enter a date.** |  **M**  **F** |  | |  | | |
| **Date of Birth/出生日期 (Month ##, Year)** | **Gender/性别** | **Relationship/关系** | | **Country of Residence/居住国** | | |
|  |  | | | | | |
| **Phone Number/电话号码** | **Email Address/电子邮件地址** | | | | | |
|  | | | | | | |
| **Primary Language/主要语言** | | | | | | |
|  | | | | |  | |
| **Name of Employer/雇主名称** | | | | | **Phone Number of Employer/雇主的电话号码** | |
|  | | |  |  |  |  |
| **Work Address/工作地址** | | | **City/城市** | **State/省份** | **Zip/邮政编码** | **Country/国家** |

## *Other Contact (If Applicable)/*其它联络人

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | | | |  | |
| **Last Name/姓氏** | **First Name/名字** | | | | **Middle Initial/中间名縮寫** | |
| **Click here to enter a date.** |  **M**  **F** |  | |  | | |
| **Date of Birth/出生日期 (Month ##, Year)** | **Gender/性别** | **Relationship/关系** | | **Country of Residence/居住国** | | |
|  |  | | | | | |
| **Phone Number/电话号码** | **Email Address/电子邮件地址** | | | | | |
|  | | | | | | |
| **Primary Language/主要语言** | | | | | | |
|  | | | | |  | |
| **Name of Employer/雇主名称** | | | | | **Phone Number of Employer/雇主的电话号码** | |
|  | | |  |  |  |  |
| **Work Address/工作地址** | | | **City/城市** | **State/省份** | **Zip/邮政编码** | **Country/国家** |

**C: CLINICAL INFORMATION/临床资料**

***Referring Physician*/推荐/转介医师**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | |  |
| **Last Name/姓氏** | **First Name/名字** | | **Middle Initial/中间名縮寫** |
|  |  | | |
| **Phone Number/电话号码** | **Email Address/电子邮件地址** | | |
|  | |  |  |
| **Name of Hospital/Organization/医院名称** | | **City/城市** | **Country/国家** |

***Primary Care Physician*/主治医生**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | |  |
| **Last Name/姓氏** | **First Name/名字** | | **Middle Initial/中间名縮寫** |
|  |  | | |
| **Phone Number/电话号码** | **Email Address/电子邮件地址** | | |
|  | |  |  |
| **Name of Hospital/Organization/医院名称** | | **City/城市** | **Country/国家** |

**D: RESIDENCE INFORMATION/居住地资料**

***Permanent Residence/*永久地址**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| **Number & Street Name / 门牌号 街名** | **City/城市** | **State/省份** | **Zip/邮政编码** | **Country/国家** |
|  |  | | | |
| **Home Phone Number/家庭座机电话号码** | **Mobile Phone Number/ 行动电话号码** | | | |

***Temporary Residence while in LA/*洛杉矶临时地址**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| **Number & Street Name / 门牌号 街名** | **City/城市** | **State/省份** | **Zip/邮政编码** | **Country/国家** |
|  |  | | | |
| **Temporary Home Phone Number/临时家庭座机电话号码** | **Temporary Mobile Phone Number/ 临时行动电话号码** | | | |

**E: PAYMENT INFORMATION/付款资料**

Government/Embassy Sponsored:  Self-Pay:  Insured\*:  Other:

政府/领事馆赞助 自付 保险 其他

**If other, please explain/如果是其他请说明: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***\*Please attach copies of the front and back of all insurance cards/*请附上所有保险卡的正面和反面的副本**

**F: TRAVEL INFORMATION/行程资料**

**Timeframe you plan on traveling to Los Angeles/Children’s Hospital Los Angeles: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**预計停留洛杉矶时间:**

**G: ADDITIONAL INFORMATION/附加资料**

|  |
| --- |
| **How did you hear about us? /您是如何找到我们?** Internet Search Engine/互联网搜索  Children’s Hospital Los Angeles Website/本院网站  Government/Embassy/政府/领事馆  External Physician/其他医师  Family/Friend/家人/朋友  Foundation/基金会  Children’s Hospital Los Angeles Physician/本院医生 Insurance Company/保险公司  Employer/雇主 Other/其他  **If other, please explain/如果是其他请说明: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **What are you most interested in seeking?** Consultation  Treatment  Both  您的就医目的是: 谘询 治疗 两者皆是 |
| **What is the reason for your referral to Children’s Hospital Los Angeles? Please check all that apply.**  您推荐病人到洛杉矶儿童医院的原因是什么? 请选择所有合适的答案.    New Diagnostic Evaluation/新的诊断评估Develop Medical Management Plan/制定医疗管理计划  Continue Current Treatment/继续目前的治疗 Surgical Opinion/手术意见 Surgical Management/手术治疗  Second Opinion/Review of Medical Workup/Treatment Plan/第二个意见/检阅医疗计划  Other  其他  **If other (ex. seeking specific treatment, etc.), please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  如果’其他’ (例寻求特殊治疗), 请解释: |
| **What is your family’s ethnicity? /家庭属于什么种族/族群?** |
| **What is your family’s preferred spoken language? /** **家庭首选语言?** |
| **Would you like us to provide an interpreter for your family during the medical visit?** Yes/是 No/[否](http://en.wiktionary.org/wiki/%E5%90%A6#Chinese)  **就诊过程中是否需要提供翻译服务？什么语言?** |
| **What is your family’s spiritual affiliation?/家庭宗教信仰?** |
| **Are there any special needs that we should be aware of? /有我们应该知道的任何特殊需要吗?** |

**H: CHECKLIST/清单**

|  |  |
| --- | --- |
| **Required Forms and Documentation**/**所需表格和文件** | **Please Indicate: Yes, No, or Not Applicable (N/A)**  **是,** [**否**](http://en.wiktionary.org/wiki/%E5%90%A6#Chinese)**, 不适用** |
| 1. **Valid Photo ID and/or Passport**   有效身份证明或护照 | Yes/是  No/[否](http://en.wiktionary.org/wiki/%E5%90%A6#Chinese)  N/A /不适用 |
| 1. **Intake Form**   申请书 | Yes/是  No/[否](http://en.wiktionary.org/wiki/%E5%90%A6#Chinese)  N/A/不适用 |
| 1. **HIPAA - Consent to Release Medical Information Form**   健康保险携带性和责任法案– 保护隐私授权书 | Yes/是 No/[否](http://en.wiktionary.org/wiki/%E5%90%A6#Chinese)  N/A/不适用 |
| 1. **Copies of Insurance Card (if applicable)**   医疗健康保险卡正反面附印件 | Yes/是  No/[否](http://en.wiktionary.org/wiki/%E5%90%A6#Chinese)  N/A/不适用 |
| 1. **Current History & Physical Information**   最新病历及体检报告 | Yes/是  No/[否](http://en.wiktionary.org/wiki/%E5%90%A6#Chinese)  N/A/不适用 |
| 1. **Recent Laboratory and Pathology Reports**   最新病理及化验报告 | Yes/是  No/[否](http://en.wiktionary.org/wiki/%E5%90%A6#Chinese)  N/A/不适用 |
| 1. **Recent Radiology Reports and Films/CDs**   最新放射报告和片子 | Yes/是  No/[否](http://en.wiktionary.org/wiki/%E5%90%A6#Chinese)  N/A/不适用 |
| 1. **Other (Specialist Medical Reports, Summary Letter from Patient’s Primary Care Physician, etc.)**   其他（专科医疗报告，主治医生简述） | Yes/是  No/[否](http://en.wiktionary.org/wiki/%E5%90%A6#Chinese)  N/A/不适用 |

以下是处理此个案需要的表格和文件清单.如果没有医疗记录,请提供病情摘要说明.所有医疗记录必须以英文呈送. 如果没有适当的医疗记录,我们无法处理您的申请.我们的医疗团队可能要求您在前来我们医院以前做某些指定检查项目.