

Taiwan International Hansen's Disease Referral Form

(臺灣漢生病個案國際轉介單)

TO: Health Officer, Physician, or **Hansen's disease** Control Personnel of _____ (Country):
 (致 _____ (對方國家名)的健康照護者、醫師或漢生病防治人員):

The individual named below is a **Hansen's disease** patient and started on treatment in Taiwan. Please make sure that the patient completes a full course of treatment. Thank you very much for your cooperation.
 (下列人士為一名漢生病個案，並已開始在臺灣進行治療，煩請確使其能完成治療，非常感謝您的配合。)

1. Patient's basic information: (病人基本資料)

(1) Name (姓名)	First Name:(名) _____ Last Name:(姓) _____
(2) Sex (性別) / Date of birth (生日)	<input type="checkbox"/> Male(男) <input type="checkbox"/> Female(女) _____/____/____ (year/month/day) (出生年/月/日)
(3) Passport No. (護照號碼)	
(4) Flight arrival info. (班機抵達資訊)	Date:(抵達日期)____/____/____ Flight No.:(班機代號) _____
(5) Address (地址)	(請填病人移居對方國後新地址)
(6) Telephone (電話)	(請填病人移居對方國後新聯絡電話)
(7) Contact person (病人之聯絡人)	First Name:(名) _____ Last Name:(姓) _____ The relationship to the patient:(與病人之關係) _____ Telephone:(電話) _____

2. Patient's clinical information: (病人臨床情形)

(1) Diagnosis date (診斷日期)	____/____/____ (year/month/day) (年/月/日)		
(2) Classification of disease (疾病分類)	<input type="checkbox"/> Paucibacillary type <input type="checkbox"/> Multibacillary type		
(3) Site(s) of disease (病灶部位)			
(4) Initial and recent test results (初次及近期檢查結果)	Date (日期)	Test (檢查方式)	Result (結果)
	____/____/____		
	____/____/____		
	____/____/____		
	____/____/____		
	____/____/____		
(ex: skin smears、skin biopsy) (方式例如：皮膚抹片、皮膚切片)			

(5) Current medications (目前治療情形)	Start Date (開始治療日期)	Drug (藥物名)	Dose (劑量)	Frequency (使用頻率)	Duration (使用天數)
	___/___/___				
	___/___/___				
	___/___/___				
	___/___/___				
	___/___/___				
	___/___/___				
(6) Treatment plan (治療計畫)	Planned Stop Date (預計停藥日期)	Drug (藥物名)	Dose (劑量)	Frequency (使用頻率)	Duration (使用天數)
	___/___/___				
	___/___/___				
	___/___/___				
	___/___/___				
	___/___/___				
	___/___/___				
(7) Any other comments (其他補充意見)					

3. Contact information: (聯絡資料：此部分衛生局無須填寫)

If you have any further questions, please contact the following person who is in charge of the international referral affairs in Centers for Disease Control, Taiwan.

(若您有任何進一步的疑問，請聯繫下列臺灣疾病管制署負責本業務的人員。)

(1) Name (姓名)	<input type="checkbox"/> Dr.(醫師)/ <input type="checkbox"/> Mr. (先生)/ <input type="checkbox"/> Ms.(小姐)
(2) Address (地址)	
(3) Telephone (電話)	
(4) Fax (傳真)	
(5) E-mail (電子信箱)	