

**Request for Appointment Booking at Families Clinics
for Persons with Hearing or Speech Impairment**
聽力或語言障礙人士診症預約申請

Information Notes for Appointment Booking
診症預約須知

1. Arrangements will be made to provide equal opportunities for all Civil Service and Eligible Persons (CSEPs) to access medical service at Families Clinics.
所有公務員及合資格人士均享有平等機會獲取公務員診所的醫療服務。

2. Persons with hearing or speech impairment can make an appointment through any of the following methods:

有需要預約診症的聽力或語言障礙人士可循以下任何一個方式進行預約:

(i) By Fax 傳真預約

You can send the “Appointment Booking Form” (see Annex 1) to families clinic concerned by fax . Please refer to Table 1 for the fax number.

預約人士可傳真「預約表格」(見附件一) 致相關公務員診所進行預約。有關傳真號碼請見表一。

(ii) By Post 郵遞預約

You can send the “Appointment Booking Form” (see Annex 1) to families clinic concerned by post. Please refer to Table 1 for the address.

預約人士可郵寄「預約表格」(見附件一) 致相關公務員診所進行預約。有關地址請見表一。

(iii) By Authorised Person 委託親友代為預約

Authorised persons can make an appointment by phone or in person at families clinic concerned. Please refer to Table 1 for the booking number and address.

預約人士可委託親友致電或親臨相關診所代為預約。有關預約電話及地址請見表一。

(iv) In Person 親臨預約

You can make an appointment in person at families clinic concerned. Please refer to Table 1 for the address.

預約人士可親臨相關診所進行預約。有關地址請見表一。



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(v) By email 電郵預約

You can send the “Appointment Booking Form” to Administration Section of Professional Development and Quality Assurance Service by email (email address: pdqa@dh.gov.hk)

預約人士可電郵「預約表格」(見附件一) 致專業發展及質素保證服務行政組進行預約。(電郵地址: pdqa@dh.gov.hk)。

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Table 1 表一

Families Clinic 公務員診所	Address 地址	Tel. Booking No. 預約電話	Fax No.* 傳真號碼*
Hong Kong Island 香港島			
Chai Wan Families Clinic 柴灣公務員診所	1/F, Main Block, Pamela Youde Nethersole Eastern Hospital, 3 Lok Man Road, Chai Wan 柴灣樂民道 3 號 東區尤德夫人 那打素醫院主樓 1 樓	2557 4319	2557 5542
Hong Kong Families Clinic 香港公務員診所	3/F, Tang Chi Ngong Specialist Clinic, 284 Queen's Road East, Wan Chai 灣仔皇后大道東 284 號 鄧志昂專科診療院 3 樓	2574 1683 / 2574 5670	2891 5299
Kowloon 九龍			
Kowloon Families Clinic 九龍公務員診所	6/F, Kowloon City Health Centre, 42 Bailey Street, Hung Hom 紅磡庇利街 42 號 九龍城健康中心 6 樓	2771 1518 / 2771 6946	2783 9035
New Territories 新界			
New Territories Families Clinic 新界公務員診所	G/F, Maurine Grantham Health Centre, 115 Castle Peak Road, Tsuen Wan 荃灣青山公路 115 號 葛量洪夫人健康院地下	2428 8309	2422 7990
Fanling Families Clinic 粉嶺公務員診所	8/F, Fanling Health Centre, 2 Pik Fung Road, Fanling 粉嶺璧峰路 2 號 粉嶺健康中心 8 樓	2886 5522	2886 5330
Sai Kung Families Clinic 西貢公務員診所	1/F, Mona Fong Clinic, 23 Man Nin Street, Sai Kung 西貢萬年街 23 號 方逸華診所 1 字樓	2569 1955	2569 1900

*Note: This fax number is for appointment booking by persons with hearing or speech impairment only.

*備註：此傳真號碼只適用於聽力或語言障礙人士預約診症。

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Appointment Booking Form
預約表格

Note: This booking form is for appointment booking by persons with hearing or speech impairment only.
備註：此預約表格只適用於聽力或語言障礙人士。

Families Clinic Chosen (please choose one) 所選公務員診所 (請選擇其中一項)	<input type="checkbox"/> Chai Wan Families Clinic 柴灣公務員診所	<input type="checkbox"/> Hong Kong Families Clinic 香港公務員診所
	<input type="checkbox"/> Kowloon Families Clinic 九龍公務員診所	<input type="checkbox"/> New Territories Families Clinic 新界公務員診所
	<input type="checkbox"/> Fanling Families Clinic 粉嶺公務員診所	<input type="checkbox"/> Sai Kung Families Clinic 西貢公務員診所

Section 1: Personal Particulars 第一部分：個人資料	
Name 姓名 : _____ <div style="display: flex; justify-content: space-around;"> (English 英文) (Chinese 中文) </div>	
Hong Kong Identity Card No. : _____ 香港身分證號碼	

Section 2: Details of the Appointment Requested 第二部分：預約詳情	
<input type="checkbox"/> Appointment Booking 診症預約 Appointment Date : _____ 預約日期	<input type="checkbox"/> Seasonal Influenza Vaccination Pilot Scheme Booking 季節性流感疫苗先導計劃預約 Appointment Time : _____ 預約時間
<input type="checkbox"/> Appointment Rescheduling 改期 <div style="display: flex; justify-content: space-between;"> <div> Initial Appointment Date : _____ 已預約日期 </div> <div> Initial Appointment Time : _____ 已預約時間 </div> </div> <div style="display: flex; justify-content: space-between;"> <div> Changed Appointment Date : _____ 更改預約日期 </div> <div> Changed Appointment Time : _____ 更改預約時間 </div> </div>	
Method of Receiving Notification of Appointment Booking Result (please choose one) 通知預約結果方法 (請選擇其中一項)	
<input type="checkbox"/> By Fax at 傳真(請提供傳真號碼) : _____	
<input type="checkbox"/> By Phone at 致電(請提供電話號碼) : _____	Name of Contact Person : _____ 聯絡人姓名
<input type="checkbox"/> By SMS at 短訊(請提供電話號碼) : _____	
<input type="checkbox"/> By Post to 郵寄(請提供地址) : _____	

Note: In general situation, patient will be notified of the booking result within three working days.
備註：在一般情況下，病人會於三個工作天內獲告知預約結果。

For Official Use 只供職員使用	Date of Receipt 收悉日期 : _____
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