

REPORT FORM

Reporting of Poisoning or Communicable Diseases not specified in the Schedule of Prevention of the Spread of Infectious Diseases Regulations

Particulars of Affected Person

Name in English:	Name in Chinese:	Age/Sex:	I.D. Card/Passport No.:
Address:			Telephone Number:
Place of Work/ School Attended:			Telephone Number:
Hospital(s) attended:			Hospital/A&E Number:

Disease [“✓”] below Suspected/Confirmed on ____ / ____ / ____ .

	TCM Poisoning	Please specify: _____
	Heavy Metal poisoning	Please specify: _____
	Outbreak	Please specify: _____
	Infectious Disease	Please specify: _____

Reported by

Dr. _____ on _____ / _____ / _____
 (Full Name in BLOCK Letters) (Date)

Telephone Number: _____

 (Signature)

Remarks:

Supplementary Form for Reporting TCM Poisoning

Part I Clinical history of patient

Presenting symptoms with date of onset:

Relevant medical history:

Relevant drug history:

Investigation(s) done and results (please provide a copy of relevant laboratory results):

Treatment given and current condition:

Follow up plan:

Part II Details of Incriminated TCM

Name of TCM in English:	Name of TCM in Chinese:
Active ingredients of the TCM (if known):	
Supposed indication for use:	Any people with same exposure: Y/N If yes, please provide name(s) and tel. nos.:
Dosage, preparation method and duration of consumption (please <i>fax the prescription sheet</i> and details of preparation together with this form if available):	
Any remnants or raw herbs collected from the patient? Y/N (Please note that DH will analyse the contents of the remnants and raw herbs if available.)	
Laboratory tests done on the herbs (if any) and results (please provide a copy of relevant laboratory results):	
Is the TCM prescribed by a listed / registered TCM practitioner? Y / N Name and address of TCM practitioner whom the patient consulted:	
Name of herbal shop (if not dispensed by TCM practitioner):	Address of herbal shop:

For enquiries, please call the respective Regional Offices at:

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|--------------------------------------|----------------|----------------|
| Hong Kong Regional Office | Tel: 2961 8791 | Fax: 2572 7582 |
| Kowloon Regional Office | Tel: 2199 9149 | Fax: 2311 7537 |
| New Territories East Regional Office | Tel: 2158 5107 | Fax: 2699 7691 |
| New Territories West Regional Office | Tel: 2615 8571 | Fax: 2413 8812 |