

# 新竹馬偕紀念醫院初診基本資料單

Hsinchu MacKay Memorial Hospital First Visit Patient Registration

日期(Date)：\_\_\_\_年(Y)\_\_\_\_月(M)\_\_\_\_日(D)

|  |  |  |               |  |                      |      |  |              |  |
|--|--|--|---------------|--|----------------------|------|--|--------------|--|
| 姓名   |  |  |               |  | First Name / Surname |      |  |              |  |
| 出生日期<br>Date of Birth  | ____年(Y)____月(M)____日(D)   |  |               |  | 國籍<br>Nationality    |      |  |              |  |
| 身分證號碼<br>ID No.  |  |  |               |  |                      |      |  | 性別<br>Gender | <input type="checkbox"/> 男(M)<br><input type="checkbox"/> 女(F) |
| 手機<br>Cell Phone   |  |  |               |  | 電話<br>Telephone      | ( )- |  |              |  |
| 住址<br>Address  |  |  |               |  |                      |      |  |              |  |
| 電子信箱<br>E-mail   |  |  |               |  | 郵遞區號<br>Zipcode      |      |  |              |  |
| 緊急聯絡人<br>Emergency Contact Person  | 姓名<br>Name   |  |               |  | 電話<br>Telephone      | ( )- |  |              |  |
|  |  |  |               |  | 手機<br>Cell Phone     |      |  |              |  |
|  | 關係<br>Relationship   |  | 地址<br>Address |  |                      |      |  |              |  |
| <input type="checkbox"/> 同意 Agree<br><input type="checkbox"/> 不同意 Disagree | <p>本院及醫療體系(台北、淡水、新竹及台東)於醫療及照護服務之前提下，蒐集、處理及利用本人於體系之病歷記錄資料。<br/>依個人資料保護法第5條至第9條、16條、20條等規定<br/>本人是否同意醫院以信件、e-mail、簡訊、傳真、電話等聯絡方式，通知醫師休診或代診、衛教、健檢、病友會、院訊、門診表、醫療新知、教學活動、關懷及滿意度等相關資訊，如不同意連絡通知，本院將無法通知前述資料。<br/>The Hospital and health care system (Taipei, Tamshui, Hsinchu and Taitung) under the premise of health and care services, collection, processing and use of personal information in the medical record system of records.<br/>According to 5-9, 16, 20, etc. of the Personal Data Protection Law, do I agree that the hospital inform about DR. duty off or substitute, medical consultation, patient association, hospital information, outpatient form, medical news, teaching activities, care, satisfaction and other related information by letter, email, fax, message, telephone, etc .....if you do not agree to contact notice, our hospital will not be able to notify the aforementioned information.</p> <p>立同意書人/法定代理人簽名(Sign)： _____ 關係(Relation) _____</p> |  |               |  |                      |      |  |              |  |