

檢測者個人資料 Personal Details of Customer (如身份證明文件所示As shown in ID document)							
中文姓名 Chinese Name	英文姓名 English Name				性別 Gender	<input type="checkbox"/> 男性 Male	<input type="checkbox"/> 女性 Female
身份證/護照號碼 ID/Passport No.	出生日期 Date of Birth				婚姻狀況 Marriage	<input type="checkbox"/> 單身 Single	<input type="checkbox"/> 已婚 Married
手提電話 Mobile Phone No.	電郵 Email:						
居住地址 Residential Address							
健康問卷 Health Questionnaire							
1. 您目前是否患有下列疾病? Do you currently suffer from the following diseases?							
<input type="checkbox"/> 高血壓 Hypertension <input type="checkbox"/> 糖尿病 Diabetes <input type="checkbox"/> 心血管疾病 Cardiovascular Diseases <input type="checkbox"/> 過敏性鼻炎/哮喘 Allergic Rhinitis/Asthma <input type="checkbox"/> 皮膚疾病 Skin Disease <input type="checkbox"/> 肝病 Liver Disease <input type="checkbox"/> 腎臟疾病 Renal Disease <input type="checkbox"/> 甲狀腺功能異常 Thyroid Dysfunction <input type="checkbox"/> 其他 Others: _____							
2. 家族病史 Family Medical History							
	無 Nil	肥胖 Obesity	癌症 Cancer	糖尿病 Diabetes	高血壓 Hypertension	認知障礙症 Alzheimer's Disease	其他, 請註明: Other, please specify:
父系 Paternal							
母系 Maternal							
3. 是否有定期服用藥物或保健品? Do you take medication or health supplements regularly?							
藥物 Medication <u>沒有任何 None</u>				保健品 Health Supplements <u>沒有任何 None</u>			
4. 曾否做過手術? Have you had any surgery?							
<input type="checkbox"/> 否 No <input type="checkbox"/> 有, 詳情 Yes, details : _____						手術年份 Year of surgery : _____	
5. 是否有過敏病史? Do you have any allergies?							
<input type="checkbox"/> 否 No <input type="checkbox"/> 有, 詳情 Yes, details : _____							
6. 過往曾否進行身體檢查? Have you ever had a physical examination in the past?							
<input type="checkbox"/> 否 No <input type="checkbox"/> 有, 詳情 Yes, details : _____						最近一次檢查年份 Year of last inspection : _____	
2019冠狀病毒相關 Related to COVID-19							
7. 過往曾否感染2019冠狀病毒? Have you ever been infected with COVID-19 in the past?							
<input type="checkbox"/> 否 No <input type="checkbox"/> 有, 康復日期 Yes, recovery date : _____							
注意 Notice (未滿18歲須由家長或監護人簽署 To be signed by a parent or guardian if the Customer is below 18)							
非特殊情況下紙本報告會於三個月內銷毀, 如授權他人代領, 需提供本人授權書。 Paper reports will be destroyed within three months except under special circumstances. If you authorize another person to collect the report, a letter of authorization must be provided.							
檢測者聲明 Declaration by Customer (未滿18歲須由家長或監護人簽署 To be signed by a parent or guardian if the Customer is below 18)							
本人確認上述所提供的資料準確無誤; 且本人已閱讀及同意後頁所載的【收集個人資料聲明】; 且本人願意加入「尚醫會-會員計劃」, 接收會員資訊及優惠。I confirm that the information provided above is accurate; and that I have read and consent to the "Personal Information Collection Statement" as set out overleaf; and that I would like to join the "Young Plus Club - Membership Program" to receive member information and discounts.							
檢測者簽署 Signature by Customer					日期 Date		

* 體檢項目請參閱化驗所表格。 Please refer to Lab Form for health check items.

請掃描以下QR Code, 加入我們的Whatsapp通訊號碼, 以作通知聯絡、獲取報告及優惠等資訊。
Please scan the QR code below and add our number into WhatsApp phonebook for further communication.



已完成 Completed

PERSONAL INFORMATION COLLECTION STATEMENT 收集個人資料聲明

閣下作為尚醫健康醫療服務中心（「本公司」）顧客，在試用或購買本公司的服務及/或產品（「有關服務」）時，可能需要提供閣下的個人資料（「有關個人資料」）。倘有關個人資料並不完整或不正確，本公司可能無法向閣下提供或繼續提供有關服務。本公司時刻將閣下的個人資料保密處理。本公司有關收集、使用、保存、披露、轉移、保密及查閱個人資料的政策及常規，均符合香港法例及《個人資料(私隱)條例》規定，並已載於本聲明內。

閣下同意透過此表格向本公司提供的有關個人資料可由本公司使用及保存以作提供有關服務用途。

此外，本公司或會使用及保存有關個人資料，以配合以下用途及法律上不時要求之其他用途：

1. 提供有關服務；包括：
 - a. 會員優惠：購物優惠、增值優惠、積分優惠、聯營優惠及會員活動優惠；
 - b. 會員服務：電話預約、申請、日常運作、查詢、建議、投訴、涉嫌可疑交易處理及跟進、延續使用及終止使用會員服務；
 - c. 產品推銷：推銷有關服務，包括但不限於基因檢測、保健產品、健康管理、美容、纖體、醫學美容、脊醫、牙科、眼科、健康檢查、化驗所轉介、教育課程、財務產品等；及
 - d. 為更瞭解客戶及提供更優質服務而進行的服務意見調查。
2. 本公司、本公司代理人、附屬公司、合作夥伴及/或聯營推廣公司，用於推廣與有關服務相關的商品及/或服務用於推廣任何商品及/或服務；
3. 處理來自有關服務或與其有關的任何利益；
4. 就提供有關服務而分析、核實及/或檢查閣下的信用、付款及/或狀況；
5. 處理閣下要求的付款指示、直接扣賬安排及/或信貸安排；及
6. 方便日常操作閣下的賬戶及/或就有關服務收取閣下賬戶內的應繳款項。

閣下並同意，本公司可披露及轉移（無論在香港或海外）本公司為上述目的而使用、披露、持有、處理、保留或轉移閣下個人資料的權利予本公司的代理人、承辦商、電訊營運商、第三者收賬機構、信用諮詢機構、保安機構、信貸供應商、銀行、金融機構、向本公司負有保密責任的其他人士，及本公司實際或建議受讓人。

此外，本公司可以將閣下的個人資料披露及轉移（無論在香港、澳門、中國大陸地區或海外）予本公司及旗下公司、附屬公司、聯營公司及彼等擁有權益的公司，並可將有關個人資料存入本公司及旗下公司、附屬公司、聯營公司及彼等擁有權益的公司為上文所述目的而持有的一個或多個資料庫（可能載有本公司及其旗下公司、附屬公司、聯營公司及彼等擁有權益的公司收集的其他資料），以推廣本公司及/或其旗下公司、附屬公司、聯營公司及彼等擁有權益的公司的商品及/或服務，並用以比較閣下就上述目的而向本公司及/或旗下公司、附屬公司、聯營公司及彼等擁有權益的公司提供的其他資料。

本公司亦在此務請閣下注意個人資料（私隱）條例第 59(2) 條，該條規定使用個人資料之法定限制適用之情況下，若有相當可能會對該資料當事人或任何其他個人的身體健康造成嚴重損害，則可在毋須獲得同意之情況下，向相關第三方披露關於個人的身份或所在之個人資料。

根據《個人資料（私隱）條例》，閣下有權：

- 確定本公司是否持有閣下任何個人資料；
- 在合理時間內查閱本公司持有的閣下個人資料；
- 以合理方式查閱本公司持有的閣下個人資料；及
- 要求本公司更正任何不正確個人資料。

根據有關條例，本公司有權對查閱個人資料的要求收取合理的處理費用。如欲查閱或更正個人資料，或要求取得本公司所持個人資料的副本，請致函下列地址提出要求。

尚醫健康醫療服務中心
香港銅鑼灣羅素街2-4號2000年廣場21樓
香港荔枝角長沙灣道910號12樓

倘閣下不欲收取本公司提供與有關服務無關的商品及/或服務之推廣資訊，或不想本公司為本段所述目的而披露、轉移或使用閣下的個人資料，請按上述地址致函本公司，註明閣下的姓名、會員號碼及聯絡電話。

As a client of Young+ Wellness Centre ("We"), you may have to provide your personal information ("relevant personal information") when trying or buying our services and/or products ("relevant services"). We may not be able to provide or continue to provide the relevant services to you if the relevant personal information is incomplete or incorrect. The company will always keep your personal information confidential. The company's policies and practices relating to collection, utilization, preservation, disclosure, transfer, confidentiality and access to personal information contained in this statement comply with the provisions of the laws of Hong Kong and the Personal Data (Privacy) Ordinance.

You agree that the relevant personal data provided to us through this form may be used and preserved by us for the purpose of providing relevant services.

In addition, the relevant personal data provided to us may be used and preserved by us for the following purposes and for other purposes as required by law from time to time:

1. Provide relevant services, including:
 - a. Member offers: shopping discounts, value-added offers, bonus points, joint promotions and membership privileges;
 - b. Member Service: appointment booking, application, daily operation, inquiries, advice, complaints, suspected suspicious transactions handling and follow-up, renewal and termination of membership;
 - c. Product marketing: marketing of relevant services, including but not limited to DNA tests, health supplements, health management, beauty, slimming, medical cosmetology, chiropractic, dentistry, ophthalmology, physical examination, laboratory referrals, education programs, financial products, etc.; and
 - d. Customer survey conducted for better understanding of customer and provision of high quality service.
2. Promotion of any goods and/ or services related to the relevant services or any other goods and/or services by us, our agents, subsidiaries, business partners and/or associated marketing companies;
3. Handling of any interests in or in relation to the relevant services;
4. Analysis, confirmation and/or verification of your credit and/or payment and/or other status in respect of the provision of relevant services;
5. Handling of any payment instructions, direct debit payment and/or credit payment requested by you; and
6. day-to-day management of your account and/or collecting any account payable in respect of the relevant services.

You also agree that for the above purposes, we may disclose and transfer (whether within or outside Hong Kong) the right to use, disclose, hold, handle, retain or transfer your personal information to our agents, contractors, any telecommunication operators, any third party receiving organizations, any credit consultants, any security organizations, any credit providers, banks, financial institutions, any other persons under a duty of confidentiality to us, and any actual or proposed assignees of us.

Further, pursuant to the agreement between you and us, we may disclose and transfer (whether within or outside Hong Kong) your personal information to us and our member companies, subsidiaries, affiliates and any companies in which we have an interest, and may store the personal information in the database or databases (which may contain any other information collected by us and our member companies, subsidiaries, affiliates or any companies in which we have an interest) held by us and our member companies, subsidiaries, affiliates and any companies in which we have an interest for the above purposes to promote any goods and/ or services of us and/or our member companies, subsidiaries, affiliates and any companies in which we have an interest and to compare any other information provided by you to us and/or our member companies, subsidiaries, affiliates and any companies in which we have an interest for the above purposes.

The Company would also like to draw your attention to section 59(2) of the Personal Data (Privacy) Ordinance, which provides that in circumstances in which the application of statutory restrictions on the use of personal data would be likely to cause serious harm to the physical health of the data subject or any other individual, personal data relating to the identity or location of an individual may be disclosed to a relevant third party without consent.

Pursuant to the Personal Data (Privacy) Ordinance, you shall have the right to:

- Confirm whether your personal information is held by us;
- Access your personal information held by us within a reasonable period;
- Access your personal information held by us in a reasonable manner;
- Correct any incorrect personal information.

Pursuant to the Ordinance, we have the right to charge a reasonable fee for accessing any personal information. If you wish to access or correct your personal information, or acquire a copy of the information held by us, please send your request in writing to the following address:

Young+ Wellness Centre
21/F Plaza 2000, 2-4 Russell Street, Causeway Bay, HK
12/F Edward Wong Tower, 910 Cheung Sha Wan Road, HK

If you do not wish to receive any marketing materials of any goods and/ or services unrelated to the relevant services, or do not wish us to disclose, transfer or use your personal information for the purposes described herein, please send your request together with your name, membership number and contact number in writing to the above address.

此部份由職員填寫 This part is to be filled out by staff

Source of client:	Health Consultant:
Service Staff:	Report Interpreter: Date:
DI Staff: Date:	
Remark:	

Please the following symptoms if you have suffered for the past 2 weeks 如你過去2星期出現以下狀況，請 :

HEAD 頭部	SKIN 皮膚	JOINTS/MUSCLES 關節/肌肉
<input type="checkbox"/> Dizziness 頭暈	<input type="checkbox"/> Acne 暗瘡	<input type="checkbox"/> Leg aches 下肢痛
<input type="checkbox"/> Faintness 意識模糊	<input type="checkbox"/> Dry skin 皮膚乾燥	<input type="checkbox"/> Pain or aches in joints 關節疼痛
<input type="checkbox"/> Headaches 頭痛	<input type="checkbox"/> Eczema 濕疹	<input type="checkbox"/> Pain or aches in muscles 肌肉疼痛
<input type="checkbox"/> Insomnia 失眠	<input type="checkbox"/> Hives 蕁麻疹	<input type="checkbox"/> Stiffness or limitation of movement 僵硬或活動困難
<input type="checkbox"/> Migraine 偏頭痛	<input type="checkbox"/> Irritation 皮膚過敏	<input type="checkbox"/> Arthritis 關節炎
	<input type="checkbox"/> Rashes 紅疹	<input type="checkbox"/> Backache 背痛
EARS 耳部	HEART 心臟	<input type="checkbox"/> Convulsive seizures 肌肉抽搐
<input type="checkbox"/> Earaches 耳痛	<input type="checkbox"/> Chest pain 胸口痛	<input type="checkbox"/> Feeling of weakness or tiredness 感覺虛弱或疲勞
<input type="checkbox"/> Ear infection 耳炎	<input type="checkbox"/> High blood pressure 高血壓	WEIGHT 體重
<input type="checkbox"/> Itchy ears 耳痕	<input type="checkbox"/> Irregular or skipped heartbeat 心律不正	<input type="checkbox"/> Binge eating/drinking 暴飲暴食
<input type="checkbox"/> Ringing in ears 耳鳴	<input type="checkbox"/> Rapid or pounding heartbeat 心悸	<input type="checkbox"/> Compulsive eating 強迫性進食 (或受情緒影響)
NOSE 鼻	LUNGS 肺	<input type="checkbox"/> Craving certain foods 偏食
<input type="checkbox"/> Excessive mucus formation 流鼻水	<input type="checkbox"/> Asthma 哮喘	<input type="checkbox"/> Excessive weight 過重
<input type="checkbox"/> Hay fever 花粉症	<input type="checkbox"/> Bronchitis 支氣管炎	<input type="checkbox"/> Gain in weight 增重
<input type="checkbox"/> Rubbing nose all the time 經常揉鼻	<input type="checkbox"/> Chest congestion 胸口鬱悶	<input type="checkbox"/> Underweight 過輕++
<input type="checkbox"/> Sensitivity to odors 對氣味過份敏感	<input type="checkbox"/> Difficulty breathing 呼吸困難	<input type="checkbox"/> Unexplained fluctuation of weight 不明原因體重波動
<input type="checkbox"/> Sinus problems 鼻竇炎	<input type="checkbox"/> Shortness of breath 呼吸短促	<input type="checkbox"/> Water retention 水腫
<input type="checkbox"/> Sneezing attacks 打噴嚏	DIGESTIVE TRACT 消化道	ENERGY/ACTIVITY 活力/活躍程度
<input type="checkbox"/> Stuffy nose 鼻塞	<input type="checkbox"/> Belching 噯氣	<input type="checkbox"/> Apathy 精神不振
MOUTH & THROAT 口部/喉部	<input type="checkbox"/> Bloating feeling 胃氣或肚漲	<input type="checkbox"/> Difficulty waking up in morning 懶床
<input type="checkbox"/> Canker sores 口腔潰瘍	<input type="checkbox"/> Constipation 便秘	<input type="checkbox"/> Fatigue 疲累
<input type="checkbox"/> Chronic coughing 久咳	<input type="checkbox"/> Diarrhea 腹瀉	<input type="checkbox"/> Lethargy 瞌睡
<input type="checkbox"/> Dry Mouth 口乾	<input type="checkbox"/> Heartburn 胃灼熱	<input type="checkbox"/> Sleepy after meals 餐後出現倦意
<input type="checkbox"/> Gagging, frequent need to clear throat 痰多	<input type="checkbox"/> Intestinal/stomach pain 腸/胃痛	<input type="checkbox"/> Sluggishness 呆滯
<input type="checkbox"/> Sore throat, hoarseness, loss of voice 喉痛, 聲音沙啞或失聲	<input type="checkbox"/> Nausea, vomiting 作嘔, 嘔吐	MIND 心理
<input type="checkbox"/> Swollen or discolored tongue, gums, lips 舌頭、牙肉或嘴唇腫/顏色變	<input type="checkbox"/> Reflux 胃酸倒流	<input type="checkbox"/> Craving for food, alcohol, or tobacco 渴求食物、酒精或香煙
OTHERS 其他		
<input type="checkbox"/> Frequent illness 經常生病	<input type="checkbox"/> Menstrual cramp 經痛	<input type="checkbox"/> Premenstrual tension 經期前緊張
<input type="checkbox"/> Others 其他:		