



The Hong Kong Polytechnic University
Jockey Club Rehabilitation Engineering Clinic
香港理工大學賽馬會復康科技診所



Referral Form

Patient Name: _____ Ref. No.: _____

Sex: F/M Age: _____ Date: _____

Diagnosis: _____

Referral for:

- Orthotic Consultation
- Prosthetic Consultation
- Gait Consultation
- Functional Electrical Stimulation Consultation
- Wheelchair Consultation
- Seating Consultation
- Assistive Technology
- Others: _____

Prescription:

Referred by (Name): _____

Title: _____ Signature: _____

Address: _____

Tel. No.: _____ Fax. No.: _____

Consultation by Appointment Only. 請致電預約。

Rm GH041, G/F, The Hong Kong Polytechnic University, Hunghom, Kowloon.

九龍紅磡香港理工大學 GH 座地下 041 室 (J 座地下停車場斜對面)

Web site 網頁: <http://www.polyu.edu.hk/jcreclinic> E-mail 電郵: jc.reclinic@polyu.edu.hk

Phone 電話: 2766 4454 Fax 傳真: 2766 4962

