

# Weight Control Programme 個人化體重控制計劃

Name 姓名	University No. 大學編號	
Department/Faculty 部門/學系 Post 職位	Age 年齡	Gender 性別
Staff/Dependent/Student 職員 / 家屬 / 學生 (Please delete inappropriate 請將不適用刪去)		
Office Telephone 公司電話	Mobile Phone 手提電話	
E-mail Address 電子郵件地址		
Correspondence Address 通訊地址 _____ _____		
Current Medication 常用藥物		
Referred By (if applicable) 轉介醫生 (如適用)		
<input type="checkbox"/> I agree to the exchange of information and my health condition between University Health Service, Centre For Sports And Exercise and HKU SPACE Dietetic Clinic, relating to this Weight Control Programme. 有關個人化體重控制計劃，我同意大學醫療保健處、香港大學運動中心和香港大學專業進修學院營養學治療中心，可以互通我的健康狀況和資訊。		
Signed by Applicant 申請人簽署	Date 日期	

Application: Please fill in the form and return it by email [uhshe@hku.hk](mailto:uhshe@hku.hk), fax 2540-6643 or by post, attention to Health Education Unit, UHS

報名：請填妥表格後，電郵至 [uhshe@hku.hk](mailto:uhshe@hku.hk)、傳真至 2540-6643 或寄回，註明大學醫療保健處健康教育組收。

For further information about the programme, please go to  
如欲獲取更多相關計劃資料，請瀏覽網址 <http://www.uhs.hku.hk/he/wpc.php>

You will be contacted for an initial questionnaire and blood test assessment soon.  
本處會盡快聯絡閣下填寫健康問卷及安排驗血日期。

### Office Use Only:

- Lipids and Sugar blood test done on \_\_\_\_\_
- No need for Programme Blood Test within 3 months after above date. Waive blood test charge.

Doctor's Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_