醫院管理局 HOSPITAL AUTHORITY

香港兒童醫院 Hong Kong Children's Hospital

Referral Form ~ HKCH Multi-Disciplinary Service for Infants with Cleft Lip and/or Palate

Referring hospital/ ward: _____
Ward Tel no.: _____
Referring doctor: _____
Contact Tel no.: _____
Parents' Tel no.: _____

Name: _____
ID.no.: _____
Date of birth: _____
Sex: _____
/Affix patient label

History and Diagnosis:

Antenatal diagnosis: □ No □ Yes (~ AN counseling by HKCH team □ /Others □ /N.A. □)
Gestation: _____ Birth weight: _____
Type of cleft: □ Lip (□ L, □ R, □ complete/ □ incomplete) □ Palate (□ soft, □ hard, □ alveolus)
Other/ additional description: _____
Family history of cleft (please specify): _____
Brief neonatal history: _____
_____
Associated abnormalities/ syndromal diagnoses: _____

Associated problems and management:

Feeding problems (please specify): _____
Feeding regime: □ oral/ □ tube-feed _____
*Airway concerns: _____
Other complications: _____

For referring doctors: Please call 5741-3349 (HKCH 24hr neonatal on-call) and complete this referral form. Please call 3513-3543 BEFORE faxing the referral form to HKCH 4E WARD (Fax no. 2459-9081)

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* KEC ENT supports HKCH *elective* paediatric airway management only.
For ***any immediate airway concerns***, please contact local ENT/ respiratory team.
For further advice on airway management, please contact KEC ENT on call (via UCH operator: 3949-4000).

To be completed by referring Doctor AFTER consultation with HKCH Neonatal Coordinator:

☐ **Inpatient management in HKCH** (please send referral form and case summary)
☐ **Discharge + book routine HKCH Cleft clinic (next CLJN within 2-8wks) #**
☐ **Discharge + book next HKCH Cleft clinic within 1-2wks for NasoAlveolar Molding** #
☐ **Others** _____

Fax form to HKCH SOPC ~3512-7579, AND call SOPC Tel: 3513-3670/3511 to make SOPC appointment

[For HKCH SOPC booking Use]

Routine CLJN appointment (new case), next available clinic within 2-8weeks *1st/3rd Monday* to be seen by NNU doctor first, then in multidisciplinary clinic. Date of CLJN SOPC appointment: _____

For Joint Orthodontic/NasoAlveolar Molding assessment, book *P1/next earliest* available CLJ1/ CLJ2/ CLJN appointment. Date of appointment: _____

☐ Appointment(s) informed parents OR / AND
☐ Appointment(s) faxed back to referring hospital/ward and confirmed received