HEIDELBERG
UNIVERSITY
HOSPITAL

International Appointment request / 国际预约问询

Dear patient, dear requestor,
In order to evaluate if Heidelberg University Hospital can offer treatment and in order to prepare an offer for you, our medical specialists require some basic information and medical data.
After completion and sending of this form we kindly ask you to attach your **up-to-date medical reports in English, German, or Chinese.**

亲爱的患者、联系人，
为了评估海德堡大学医院是否能够提供治疗并为您准备报价，我们的医疗专家需要一些基本信息和医疗数据。
在您填写完此表格并发送成功后，**我们恳请您附上最新的英文、德文或中文版的医疗报告。**

Heidelberg University Hospital
International Office
Im Neuenheimer Feld 400
69120 Heidelberg
Germany

海德堡大学医院
国际部办公室
Im Neuenheimer Feld 400
69120 海德堡
德国

电话: +49 6221 / 56 62 43
传真: +49 6221 / 56 33 955
e-mail: io.cn@med.uni-heidelberg.de

Please complete this form in English or Chinese.
Required fields are marked with *.

请用英文或中文填写此表格。
标有*号的项必须填写。

Patient Data / 患者资料

Title* / **抬头*** please select... 请选择

Academic title / **学术抬头** please select... 抬头

Last name* / **姓***

First name* / **名***

Gender* / **性别*** female ☐ 女 male ☐ 男

Date of birth* / **出生日期*** (yyyy.mm.dd) - （年/月/日）

Do you require visa assistance? yes ☐ 是 no ☐ 否
(Invitation letter for the embassy)
您是否需要签证支持?
(给使馆的邀请函)

Address* / **地址***

Zip code / city* / **邮编和城市***

Country* / **国家***

Phone / **电话**

Fax / **传真**

E-Mail*

Contact person
(if different from patient)
联系人
(若联系人非患者本人)

Medical Information / 医疗信息

1. Disease(s) / Symptom(s) to be treated*
需要治疗的疾病/症状*

2. What do you expect from your appointment / treatment in Heidelberg *(specific indication / desired treatment)*?***
您对在海德堡的预约/治疗有什么期望？（特定的适应症/期望的治疗）？ *

3. Which diagnostic tests were performed during the last 3-6 months? *(please provide essential reports in English or Chinese)*
前3-6个月内接受过哪些诊断检查？（请提供英文或中文版的基本报告）

Medical Information / 医疗信息

Imaging techniques / 影像结果

- ☐ MRI MRI
- ☐ CT/PET-CT CT/PET-CT
- ☐ Sonography 超声
- ☐ X-ray X-光
- ☐ Angiography 血管造影
- ☐ Heart catheter 心导管

☐ Endoscopy (gastroscopy, colonoscopy, bronchoscopy, etc.) 内窥镜检查（胃镜、肠镜、支气管镜等）

☐ Other / 其他

Laboratory tests / 检验科报告

☐ Routine tests *(blood count, etc.)* / 常规检查（血检等）

☐ Special tests: / 特殊检查

Histology / 病理报告

☐ Histology
Histological test; Tissue sample taken on (yyyy.mm.dd):
病理检查；组织取样于（年/月/日):

4. Which treatments have been performed for the disease(s)/symptom(s) mentioned above?
针对上述疾病/症状接受过哪些治疗?

☐ To date no treatment has been performed
迄今为止尚未接受任何治疗。

Kind of Treatment 治疗类型	**Description** *(Operation, medication, irradiated body part, etc.)* **描述** (手术类型，药物，放疗照射部位等)	**(Approximate) Duration** (yyyy.mm.dd) - 年/月/日 *On/From* 于/从...	*To* 到	*Ongoing* 正在进行
☐ Operation/ Intervention *(e.g. heart catheter)* 外科手术/介入 (如心导管)				
☐ Drug therapy *(e.g. Chemotherapy, other medication)* 药物治疗 (如化疗、其他药物)				☐ ☐ ☐ ☐
☐ Irradiation *(please add previous radiation treatment protocols)* 放疗 (请提供之前的放射治疗方案)				☐ ☐
☐ Other 其他				☐ ☐

5. Please indicate further relevant diagnoses / 请描述其他相关诊断:

Medical Information / 医疗信息

6. Do(es) you/the patient have any infections at present?* / **您/患者目前是否有任何感染? ***

☐ Unknown - 未知
☐ no - 否
☐ yes; please describe - 是 / 描述
Pathogenic agent: - 病原体

7. Do(es) you/the patient have any open wounds at present?* / **您/患者目前是否有任何开放性伤口? ***

☐ Unknown - 未知
☐ no - 否
☐ yes; location - 是 / 位置

8. Please indicate your/the patient's present mobility status?* / **请描述您/患者目前的能动状况? ***

☐ not limited - 行动未受限
☐ (partially) bedridden - (某种程度上) 卧床不起
☐ often / usually dependent on a wheel chair - 时常/通常需要依靠轮椅
☐ in intensive care unit - 在重症监护室

9. Additional information / 补充信息:

10. Desired appointment date / 期望的预约日期（年/月/日）

☐ Earliest possible appointment date - 可行的最早预约日期

年.月.日

Medical Reports / 医疗报告

Please provide copies of the required medical documents (no originals) *
请提供所需医疗报告的扫描复印件 (非原始报告)*

(accepted files, e.g.: pdf, jpg, doc; max. 10 MB per document; not accepted: zip-, rar- or bitmap files).
(接受的文件类型，例如：pdf，jpg，doc；每个文档最大10 MB；不接受的文件类型：zip，rar或bitmap文件)。

☐ *I will send you the copies of the medical documents along with this form via e-mail.*
我会通过e-mail将医疗报告的扫描复印件与此表格发送给您。

☐ *I will upload DICOM files (e.g. MRI, CT scan, heart catheter) via Internet (after sending of this form we will provide an upload-link.)*
我将通过网络上传DICOM文件 (如MRI，CT扫描，心导管) (在您发送此表格后，我们将提供上传链接)。

☐ *I will send DICOM files on CD-ROM/DVD via conventional mail.*
我会将DICOM文件刻在CD-ROM/DVD上，并通过传统邮件的方式寄送。

☐ *I/the patient do(es) not suffer from any disease; I desire an appointment for an out-patient check-up in the specialty department(s) indicated above.*
我/病人没有罹患任何疾病；我希望在上述科室预约门诊体检。

How did you learn about Heidelberg University Hospital? (check all that apply) / **您是如何知道海德堡大学医院的 (多选)?**

☐ Internet (website or search engine) / 互联网（网站或搜索引擎）
☐ WeChat / 微信
☐ Employer / 雇主
☐ Embassy/Governmental institution / 使馆/政府机构
☐ Health insurance / 医疗保险
☐ Family members/friends / 家庭成员/朋友
☐ Treating physician/hospital / 主治医生/医院
☐ Business partners / 商业合作伙伴
☐ Press releases / 新闻报道
☐ Heidelberg University Hospital staff member / 海德堡大学医院的雇员
☐ Other / 其他

Before you can send this form we kindly ask you to accept the following:

在您发送此表格之前，我们恳请您接受以下条款:

☐ *I am requesting a copy of this inquiry form, including medical data to my e-mail address.
Note on data privacy protection: Heidelberg University Hospital will transfer the data without using any special technological encryption to the supplied email address. By requesting a copy, I am consenting to the transfer of medical data and I am also consenting to the further email communication without any special data encryption for subsequent correspondence (for example: issuance of cost estimate and treatment offer). In case I am not the patient myself, I confirm that I have the patient's permission to request this copy via unencrypted email and to consent to the further related correspondence to be sent via unencrypted email.

*我要求发送一份该表格的副本包括医疗数据到我的e-mail地址。
关于数据隐私保护的注意事项：海德堡大学医院将发送不用任何特殊技术加密的数据到预留的email地址。通过要求一份副本，我同意对医疗数据进行传输，并且我同意今后的通讯可以通过不使用任何特殊数据加密的email进行交流（例如：发送医疗费用预估和治疗的报价）。如果我不是患者本人，我确认我已得到患者的同意通过未加密的email来要求此副本，并同意通过未加密的email传送进一步的相关通信。

☐ *In case any of the documents or information provided is in the Chinese language: I agree that this information is being forwarded for translation purposes to the collaborating translator of Heidelberg University Hospital via unencrypted e-mail. The collaborating translators are not employees of Heidelberg University Hospital. All translators are obliged to data protection and strict confidentiality relating to all medical or personal information which has been disclosed to them.

*在提供的任何文件或信息是中文的情况下：我同意出于翻译的目的将这些信息通过未加密的email转发给与海德堡大学医院合作的翻译员。合作翻译员不是海德堡大学医院的雇员。所有翻译员均有对数据保护及对于所有披露给他们的医疗及个人信息严格保密的义务。

☐ *I agree that the data and documents I provide or later upload to the telemedicine portal of Heidelberg University Hospital using the upload-link will be saved for nine months. In case of a subsequent treatment or consultation by Heidelberg University Hospital I furthermore agree that the data and documents will be saved in my personal patient file according to the German national legal requirements. In case I do not decide in favor of a treatment or consultation by Heidelberg University Hospital all data and documents will be deleted automatically and irrevocably after nine months.

*我同意将我提供的或稍后通过上传链接上传到海德堡大学医院远程医疗门户网站的数据和文件保存九个月。如果我需要海德堡大学医院进行后续治疗或咨询，我进一步同意大学医院依照德国国家法律要求将数据和文件保存在我个人的患者档案中。如果我决定拒绝海德堡大学医院的治疗或咨询，所有数据和文件将在9个月后自动被永久删除。

Send / 发送 | **Save and send later via e-mail / 保存且稍后通过e-mail发送**

**After the form has been sent and after we have translated the information provided from Chinese into English, you will receive a confirmation to the indicated email address.
Furthermore, we will provide an upload link, which you can use to transmit other documents/images directly into the electronic patient record in our telemedicine portal.**

**表格发送后，我们会将您提供的中文信息翻译成英文，之后您在预留的email地址中会收到我们的确认信。
此外，我们将提供一个上传链接，您可以通过该链接将其他文档/图像文件直接传送到我们远程医疗门户网站的电子病历中。**

Address (for provision of DICOM files on CD/DVD)

**Heidelberg University Hospital
International Office
Im Neuenheimer Feld 400
69120 Heidelberg
Germany**

e-mail: io.cn@med.uni-heidelberg.de

地址（用于邮寄刻录有DICOM文件的CD/DVD）

**海德堡大学医院
国际部办公室
Im Neuenheimer Feld 400
69120 海德堡
德国**

e-mail: io.cn@med.uni-heidelberg.de

UK HD