

SURVEY on Carcinoma of Lung with

1) age equal to or below 40, OR

2) involvement of more than one member in a family

Voluntary reporting form to Hong Kong Thoracic Society / American College of Chest Physicians (Hong Kong & Macau Chapter)

Name of informant: _____ Tel No.: _____

Fax No.: _____ Email: _____

Correspondence address: _____

_____ Date (dd/mm/yyyy): _____

Index patient's particulars:

Name (initials only): _____ (initial of family name first) Sex: M / F

Date of birth (dd/mm/yyyy): _____ Your reference no.: _____

Ethnic group: Chinese/ non-Chinese: _____

Chronic smoker /Ex-smoker /never-smoker /passive smoker: _____

If passive smoking, at work/at home: _____

Occupation: _____

Histological type: _____

Staging: _____ (clinical / pathological)

Involved family member's particulars, if available (please use spaces below if further patients are identified):

Name (initials only): _____ (initial of family name first) Sex: M / F

Date of birth (dd/mm/yyyy): _____ Your reference no.: _____

Ethnic group: Chinese/ non-Chinese: _____

Chronic smoker /Ex-smoker /never-smoker /passive smoker: _____

If passive smoking , at work/at home: _____

Occupation: _____

Histological type: _____

Staging: _____ (clinical / pathological)

THE END

THANK YOU

This survey is done by Dr. LAM Chi-leung, David on behalf of Hong Kong Thoracic Society and American College of Chest Physicians (Hong Kong & Macau Chapter). The information collected will be for survey only. Personal data of the patient will be kept strictly confidential. Your cooperation in this survey is very much appreciated. Please return the completed form to Dr. LAM Chi-leung, David. (Correspondence address: University Department of Medicine, Queen Mary Hospital, HK. Tel: 2855-4253 Fax: 2855-1143 Email: dcllam@netvigator.com)
