

## Gamma Knife Charitable Fund Assessment Form

Reference No: \_\_\_\_\_

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

**Please download and read the guidance notes for Gamma Knife Charitable Fund Application before filling in this form. If you need assistance, please contact us at 2522-2332.**

### A. Patient's Personal Data

Name in English			
Name in Chinese		I/D#	
Date of Birth (dd/mm/yy)		Gender	* Male / Female
Marital Status	* Single / Married / Divorced / Widow / Widower		
Residential Address			
Phone Number	(Home)	(Mobile)	(Others)
Job Position			
Name of Employer			
Current Monthly Salary			
Referral Source	* Self / Private Doctor / Government Doctor / NGO		
Referrer details			

### Household Members Personal Data

Relationship with patient	Name	Gender	Age	Marital Status	Total Monthly Income <sup>(1)</sup>

**Others:** .....

(1) Total monthly income of at least 6 months should include salary, pension, regular financial contribution from relatives or friends "not" living together; and income from assets and/or properties of the patient.

\* Please delete where appropriate

Patient's Name: \_\_\_\_\_

Ref. No.: \_\_\_\_\_

**B. Financial Assessment**

Income	Amount (HK\$)
Total Household Monthly Income	

Total Household Assets	Amount (HK\$)
Available bank savings	
Other assets e.g. stocks, shares, insurance, etc	
<b>Total:</b>	

1. Please briefly explain your current financial situation and challenges you are facing that make it difficult to pay for treatment cost: .....  
.....
2. Do you have private health insurance that may cover part of treatment cost? .....
3. Are you seeking financial support from other organizations, charities or funds for medical expenses? (YES / NO)  
If yes, please specify .....
4. Recipient of Social benefits (if any)  
(CSSA / Others \_\_\_\_\_) Case No. \_\_\_\_\_

**Declaration:** By submitting this questionnaire, I confirm that the information provided are accurate to the best of my knowledge. I understand that the information provided will be used for the purpose of assessing eligibility for the Gamma Knife Charitable Fund (GKCF) subsidy. Acquiring GKCF assistance by deception is a criminal offence, the patient/the applicant/the patient's household members shall be liable on conviction to imprisonment under the theft ordinance (chapter 210 of the laws of Hong Kong).

\_\_\_\_\_  
\* Signature / guardian / appointee

\_\_\_\_\_  
\* Signature & Name of Witness

Patient's Name: \_\_\_\_\_

Ref. No.: \_\_\_\_\_

\* Please delete where appropriate

**C. To be completed by referring Doctor**

Diagnosis	
Date of diagnosis	
No. of Brain Met and locations (if applicable)	
Primary cancer (if applicable)	
Previous Treatment (specify if any)	RT / Chemotherapy / Operation / Others
Presenting Symptoms/Signs	
Clinical Status	
Karnofsky Scale	
Comments from Referring Doctor	

Referring Doctor Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact No.: \_\_\_\_\_ Signature: \_\_\_\_\_

The Karnofsky Performance Scale Index allows patients to be classified as to their functional impairment. This can be used to compare effectiveness of different therapies and to assess the prognosis in individual patients. The lower the Karnofsky score, the worse the survival for most serious illnesses.

## KARNOFSKY PERFORMANCE STATUS SCALE DEFINITIONS RATING (%) CRITERIA

Able to carry on normal activity and to work; no special care needed.	100	Normal no complaints; no evidence of disease.
	90	Able to carry on normal activity; minor signs or symptoms of disease.
	80	Normal activity with effort; some signs or symptoms of disease.
Unable to work; able to live at home and care for most personal needs; varying amount of assistance needed.	70	Cares for self; unable to carry on normal activity or to do active work.
	60	Requires occasional assistance, but is able to care for most of his personal needs.
	50	Requires considerable assistance and frequent medical care.
Unable to care for self; requires equivalent of institutional or hospital care; disease may be progressing rapidly.	40	Disabled; requires special care and assistance.
	30	Severely disabled; hospital admission is indicated although death not imminent.
	20	Very sick; hospital admission necessary; active supportive treatment necessary.
	10	Moribund; fatal processes progressing rapidly.
	0	Dead

### References:

- Crooks, V, Waller S, et al. The use of the Karnofsky Performance Scale in determining outcomes and risk in geriatric outpatients. *J Gerontol.* 1991; 46: M139-M144.
- de Haan R, Aaronson A, et al. Measuring quality of life in stroke. *Stroke.* 1993; 24:320- 327.
- Hollen PJ, Gralla RJ, et al. Measurement of quality of life in patients with lung cancer in multicenter trials of new therapies. *Cancer.* 1994; 73: 2087-2098.
- O'Toole DM, Golden AM. Evaluating cancer patients for rehabilitation potential. *West J Med.* 1991; 155:384-387.
- Oxford Textbook of Palliative Medicine, Oxford University Press. 1993;109.
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