



District Health Centre (DHC)

**Healthcare Professionals engaged by the Operator Enrolment Form
(For Chinese Medicine Practitioners)**

Part 1 – Enrolling District (Please select one district from the below drop-down list)

Part 2 – Personal Particulars			
Full Name (as on Hong Kong Identity Card)	(English)	Surname:	Given Name:
	(Chinese)		
*HKID Card No.		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
*Daytime Telephone No.			
*^Email Address (for future correspondence use)			

* will not be disclosed to the public.

^ For update of email address, the system will automatically email a link for your confirmation to complete the update procedure.

Part 3 – Professional Qualification(s)		
Type of Profession	<input type="checkbox"/> Chinese Medicine Practitioner Chinese Medicine Council of Hong Kong Registration No.: _____	
Professional Qualification (in English)	Professional Qualification (in Chinese)	Year Obtained

Practising Certificate No.		
Validity until (DD/MM/YYYY)		

Part 4 – Practice Information			
Practice Name	(English)		
	(Chinese)		
Relationship with the Practice <i>(If the Name of Practice is an organisation, instead of the medical and healthcare practitioner himself/herself, please indicate the relationship between the organisation and the medical and healthcare practitioner)</i>			
Practice Address (in English)	Room/Floor		
	Building		
	Street		
	District		
Practice Address (in Chinese)	地區		
	街道		
	大廈		
	室/樓層		
Practice Telephone No.		Practice Fax No.	
Opening Hours <i>(must fill in exact time)</i>			
Day	Time (From)		Time (To)
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			
Public Holidays			
By Appointment	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Basic Consultation Fee for DHC Service (Medical Practitioner) / Service Fee (Chinese Medicine Practitioner) <i>(exact amount and not a range)</i>	HK\$ _____
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Part 5 – Other Information	
Already listed in Primary Care Directory (PCD)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Agreed to disclose Basic Medical Consultation Fee for DHC Service to public (through DHC website)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Agreed to use DHC IT module and Electronic Health Record Sharing System (eHRSS)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Enrolled in Elderly Health Care Voucher Scheme	<input type="checkbox"/> Yes <input type="checkbox"/> No
eHRSS	<div>User ID</div> <div>Healthcare Provider ID</div> <div>Healthcare Institution ID, if applicable</div>
Part 6 – Declaration	
For application of the Healthcare Professionals engaged by the Operator of DHC, I, _____ (full name) the undersigned, hereby confirm that the above given information is correct.	
Signature	Date of Submission

Checklist for Submission of Application

- Attach a scanned copy of the following with the Enrolment Form:
 - Valid Certificate of Registration in Chinese Medicine Council of Hong Kong
 - Valid Practising Certificate
 - Proof of Professional Qualification(s)
- Submit this Healthcare Professionals engaged by the Operator Enrolment Form together with above scanned copies to:

Option 1: DHC Operator(s)

(HCPs practising in the corresponding and adjacent districts of the DHC can join the DHC network) Contact information of individual DHC Operators can be found at: <https://www.dhc.gov.hk/en/dhc.html>

Option 2: Primary Healthcare Commission

Contact information of the Primary Healthcare Commission can be found at: https://www.healthbureau.gov.hk/phcc/main/contact_us.html?lang=2

Note:

1. Additional information may be required by individual DHC Operators.
2. All Healthcare Professionals engaged by the Operator on this list must fulfil the respective applicable Healthcare Professionals engaged by the Operator requirements with valid documentary proof (if required). For any non-conforming cases, please write to PHC Commission separately with justifications for due consideration.
3. Since the list of the Healthcare Professionals engaged by the Operator put on the DHC website for Clients' information is regarded as the sub- directory of Primary Care Directory (PCD), the information of doctors or Registered Chinese Medicine Practitioners appeared on the Healthcare Professionals engaged by the Operator list should tally with those on the PCD.