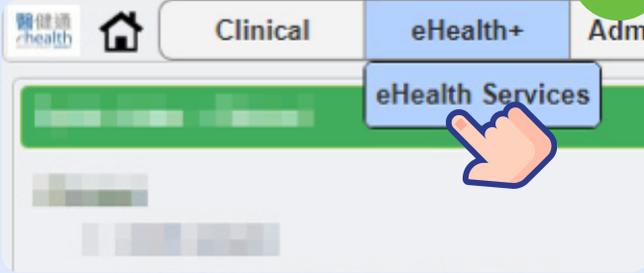


Chronic Disease Co-Care Pilot Scheme (CDCC) Quick Guide to assess CDCC IT System



Select participant by HKIC

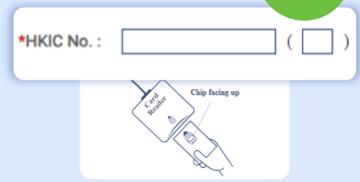


1



2

Health Profile



3

Enter HKIC No. or read Smart ID card.

Consultation Documentation



Details	Date	Checklist
Consultation	20-Sep-2023	

Attendance

Register Attendance

Attendance Registration Date: 20-Sep-2023
 Service Received Date: 20-Sep-2023
 Programme: Chronic Disease Co-Care Pilot Scheme
 Service: DM & HT Screening
 Healthcare Service Provider: Virtual HOSPITAL - VHC4

Choose Method:

Method 1
Smart ID

Method 2
One-Time Password

Mobile Phone: (852) 9876 5432

Please enter the One-Time Password: Prefix

If participant does not have One-Time Password, please click [send button](#) again to generate a new one.

© Cannot Register?

1

Clinical Note

Chronic Disease Co-Care Pilot Scheme > DM & HT Screening

Service Summary
 Reference No. 23830002230000010631

Consultation Date: 20-Sep-2023
 Consultation Type: Face-to-Face Consultation Phone Consultation (Non-subsidised)

Treatment Activity	Investigation / Letter	Assessment	Preventive Care	Investigation Result	Screening Result
Consultation	Investigation / Letter	Home BP: <input type="text"/> / <input type="text"/> mmHg Office BP: <input type="text"/> / <input type="text"/> mmHg Temp: <input type="text"/> °C (Degree Celsius) BW: <input type="text"/> kg Waist Circumference: <input type="text"/> cm Smoking Status: <input type="radio"/> Non-smoker <input type="radio"/> Smoker <input type="radio"/> Ex-smoker Drinking Habit: <input type="radio"/> Non-drinker <input type="radio"/> Current drinker <input type="radio"/> Social drinker <input type="radio"/> Ex-drinker Assessment Note: <input type="text"/>			Home Pulse: <input type="text"/> /min Office Pulse: <input type="text"/> /min Hstx: <input type="text"/> mmol/L BH: <input type="text"/> m BMI: <input type="text"/> kg/m ²

2

Payment

*Consultation Type: Face-to-Face Consultation Phone Consultation (Non-subsidised)

Assessment	Preventive Care	Investigation Result	Screening Result
<p>Payment Checkout</p> <p>Service Received Date: 21-Sep-2023 Eligibility Status: EP Programme: Chronic Disease Co-Care Pilot Scheme Service: DM & HT Screening (Medical Consultation)</p> <p>Participant Co-payment Amount: \$ 120.00</p> <p style="text-align: right;">Total Participant Pay Amount: \$ 120.00</p> <p><input checked="" type="checkbox"/> I have confirmed with the participant that the payment information above is correct and I shall collect the co-payment and addition charge from the participant.</p> <p style="text-align: right;"><input type="button" value="Save"/> <input type="button" value="Cancel"/></p>			

3

To order Investigation Request

Clinical Progress
 Chronic Disease Co-Care Pilot Scheme
 DM & HT Screening
 Reference No.: 2383

Attendance Clinical Note Letter Investigation

Details	Date	Checklist
Consultation	20-Sep-2023	

*Consultation Date: 20-Sep-2023
 *Consultation Type: Face-to-Face Consultation Phone Consultation (Non-subsidised)

Click **[Investigation]** under clinical progress.

Or click **[Investigation]** inside clinical note.