



# 認知障礙症檢查計劃

## Cognitive Impairment Screening Plan

生效日期 Effective Date: 1/2/2018

檢查項目 Examination Items	計劃 A Plan A HCSPN01	計劃 B Plan B HCSPN02
• 腦神經科專科醫生評估及報告 Risk assessment by Neurologist and Report	✓	✓
• 認知評估問卷 Questionnaire Screening	✓	✓
<b>影像診斷 Diagnostic Imaging</b>		
• 電腦掃描 - 腦 (平片) CT Brain (Plain)	✓	
• 磁力共振掃描 - 腦 (平片) MRI Brain (Plain)		✓
<b>化驗檢驗 Laboratory Investigation</b>		
• 血常規 CBC	✓	✓
• 腎功能測試 Renal Function Test	✓	✓
- 血尿素氮 Blood Urea Nitrogen (BUN)		
- 肌酸肝 Creatinine		
- 鈉 Sodium		
- 鉀 Potassium		
• 肝功能測試 Liver Function Test	✓	✓
- 總蛋白質 Total Protein		
- 白蛋白 Albumin		
- 球蛋白 Globulin		
- 總膽紅素 Total Bilirubin		
- 直接膽紅素 Direct Bilirubin		
- 間接膽紅素 Indirect Bilirubin		
- 鹼性磷酸酶 Alkaline Phosphatase		
- 谷丙轉氨酶 SGPT/ALT		
• 紅血球沉降速率 ESR	✓	✓
• 快速梅毒試驗 VDRL	✓	✓
• 葉酸 Folate	✓	✓
• 維生素 B12 Vitamin B12	✓	✓
• 游離甲狀腺素 Free T4	✓	✓
• 促甲狀腺激素 TSH	✓	✓
	<b>費用 Price</b>	
	<b>\$4,500</b>	<b>\$6,500</b>

- 備註: 1. 檢查套餐已包括專科醫生診症及解釋報告費用。病人會由腦神經科專科醫生跟進。  
Remarks: Specialist consultation and medical report explanation fee included in packages. Patient will be follow up by Neurologist.
2. 於同日進行或預約其他本院基本 X 光 / 化驗檢查者，可享有八折優惠。  
20% discount is offered to other hospital basic investigations performed or by appointment made on the same day with the health check programs.
3. 以上收費只適用於門診部，收費及內容如有更改，恕不另行通知。  
The above charges are for outpatients only and are subject to change without prior notice.

### 門診部 Outpatient Department

預約及查詢 Enquiry & Appointment ☎ 3971 9910 / 3971 9980

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