

Part III Physical Examination
第三部份 身體檢查

Blood pressure 血壓： _____ Pulse 心跳： _____ Body Weight 體重： _____

General 整體情況： _____

Cardiovascular System 循環系統： _____

Respiratory System 呼吸系統： _____

Central Nervous System 中樞神經系統： _____

Musculo-skeletal 肌骨： _____

Abdomen/Renal 腹/腎： _____

Skin 皮膚： _____

(please specify name of disease if any, and if there is condition like bedsore etc.)
(如患皮膚病，請註明病名，並請註明有否如褥瘡等狀況)

Foot 足部： _____

Eye 眼部： _____
(please specify name of disease if any e.g. cataract)(如患眼疾如白內障，請註明)

Ears 耳部： _____

Others 其他： _____

Part IV
第四部份

Functional Assessment (Please tick where appropriate)
身體機能的審定(請在適當地地方填上✓號)

Vision 視力	(*with/without corrective devices) 在*有/沒有視力 矯正器下	normal <input type="checkbox"/> 正常	unable to read newspaper print 不能閱讀 報紙字體	unable to watch TV 不能觀看 電視	see lights only 只能見光影
Hearing 聽覺	(*with/without hearing aid) 在*有/沒有助聽 器下	normal <input type="checkbox"/> 正常	difficult to communicate with normal voice 在普通聲量下難以溝通	difficult to communicate with loud voice 大聲說話的情況 下也難以溝通	cannot communicate with loud voice 即使在大聲說 話的情況下也 完全不能溝通
Mental state 精神狀況	normal/alert 正常/敏銳	<input type="checkbox"/>	mildly disturbed 輕度受困擾	moderately disturbed 中度受困擾	seriously disturbed 嚴重受困擾
			mild dementia 輕度痴呆	moderately dementia 中度痴呆	severe dementia 嚴重痴呆
Mobility 活動能力	independent 行動自如	<input type="checkbox"/>	self-ambulatory with walking aid or wheelchair 可自行用助行 器或輪椅移動	always need personal escort 經常須別人摻扶	bedridden 長期臥床
Continence 禁制能力	normal 正常	<input type="checkbox"/>	occasional urine or faecal soiling 大/小便偶而失禁	frequent urine or faecal soiling 大/小便經常失禁	uncontrolled incontinence 完全失卻禁制 能力
Speech 語言能力	able to express 能正常表達	<input type="checkbox"/>	need time to express 須慢慢表達	need clues to communicate 須用其他方式表達	
A.D.L 日常生活活動	independent 不需幫助	<input type="checkbox"/>	(No supervision or assistance needed in all daily activities, including bathing, dressing, toileting, transfer, continence and feeding) (在洗澡、穿衣、如廁、移動、大小便禁制及進食均無需幫助)		
	occasional assistance 偶而需要幫助	<input type="checkbox"/>	(Need assistance in bathing and supervision in other activities) (在洗澡時需協助及在其他活動上需指導)		
	frequent assistance 經常需要幫助	<input type="checkbox"/>	(Need supervision or assistance in bathing and not more than 4 in other activities) (在洗澡及其他不超過四項日常活動需要協助)		
	totally dependent 完全需要幫助	<input type="checkbox"/>			

1. **Self-care Hostel 長者宿舍**
(In general, applicant is capable of high degree of self-care. 一般來說，申請人有高度自我照顧起居生活的能力。)
2. **Home for the Aged 安老院**
(In general, applicant can observe personal hygiene but need help and guidance for performing household duties. 一般來說，申請人有能力保持個人衛生，但在處理家居工作方面需要幫助及指導。)
3. **Care-and-Attention Home 護理安老院**
(In general, applicant is generally weak in health, or suffering from functional disability, and requires constant help in meal, dressing-up and toilet, etc, but not requires constant and intensive professional nursing care. 一般來說，申請人之健康情況衰弱，或有機能上之障礙，以致在飲食、穿衣、個人衛生方面經常需要幫助，但無需經常性之護理照顧。)
4. **Nursing Home 護養院**
(In general, applicant is an elderly person with a medical condition which is stabilized but which still requires regular basic medical and nursing care, or with chronic disability who, in order to move around, requires, with or without a walking aid or wheelchair, one person to assist him/her but who is in any event not totally chair-bound. 一般來說，申請人之健康情況穩定但仍需要定期接受基本醫療護理服務；或患有慢性殘疾，需在一人協助下，利用或不利用輔助工具或輪椅，才可隨意活動，但無論如何都不會是須依靠約束衣或其他輔助才能坐在輪椅上的。)
5. **Infirmary 療養院**
(In general, applicant requires professional medical supervision or high degree of nursing care. 一般來說，申請人需要專業的醫療照顧或高度護理照顧。)
6. Other 其他：_____

Signature
簽署：_____

Date
日期：_____

Doctor's Name
醫生姓名：_____

Hospital/Clinic
醫院/診所：_____

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