



**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)**

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

\* \* \* END \* \* \*