**Medical Examination Form
for Residents in Residential Care Homes for the Elderly
安老院住客體格檢驗報告書**

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| **Part I第一部分** | **Particulars of Resident住客資料** |
| **Name姓名** |  | **Sex性別** |  | **Age年齡** |  |
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| **HKIC No.香港身份證號碼** |  | **Hospital/Clinic Ref. No.醫院／診所檔號** |  |
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| **Part II第二部分** | **Medical History病歷** |
| (1) | Any history of major illnesses/operations?曾否患嚴重疾病／接受大型手術？ | Yes [ ]  有 | No [ ] 無 |
|  | If yes, please specify the diagnosis:如有，請註明診斷結果： |  |  |
|  |  |  |
| (2) | Any allergy to food or drugs?有否食物或藥物過敏？ | Yes [ ] 有 | No [ ] 無 |
|  | If yes, please specify:如有，請註明： |  |  |
|  |  |  |
| (3)(a) | Any signs of infectious disease?有否傳染病徵狀？ | Yes [ ] 有 | No [ ] 無 |
|  | If yes, please specify:如有，請註明： |  |  |
| (3)(b) | Any further investigation or treatment required?是否需要接受跟進檢查或治療？ | Yes [ ] 有 | No [ ] 無 |
|  | If yes, please specify and also state the hospital/clinic attended and reference number.如有，請註明並填寫覆診的醫院／診所和檔號。 |  |
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| (4) | Any swallowing difficulties/easy choking?有否吞嚥困難／容易哽塞？ | Yes [ ] 有 | No [ ] 無 |
|  | If yes, please specify:如有，請註明： |  |  |
|  |  |
| (5) | Any need of special diet?有否特別膳食需要？ | Yes [ ] 有 | No [ ]  無 |
|  | If yes, please specify:如有，請註明： |  |  |
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| (6) | Past psychiatric history, if any, including the diagnosis and whether regular follow-up treatment is required.如過往有精神病紀錄，請詳述病歷及是否需要定期跟進治療。 |
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| (7) | Details of present medication, if any, including the name and dosage.如目前須服用藥物，請詳述藥名及服用量。 |
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| **Part III第三部分** | **Physical Examination身體檢查** |
| **Blood Pressure 血壓** | **Pulse 脈搏** | **Body Weight 體重** |
|  | mmHg |  | /min |  | kg |
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|  | **Please specify:****請註明：** |
| **Cardiovascular System****循環系統** |  |  |
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| **Respiratory System****呼吸系統** |  |  |
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| **Central Nervous System****中樞神經系統** |  |  |
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| **Musculo-skeletal****肌骨** |  |  |
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| **Abdomen/Urogenital System****腹／泌尿及生殖系統** |  |  |
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| **Lymphatic System****淋巴系統** |  |  |
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| **Thyroid****甲狀腺** |  |  |
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| **Skin Condition, e.g. pressure injuries (pressure sores)****皮膚狀況，如：壓力性損傷（壓瘡）** |  |  |
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| **Foot****足部** |  |  |
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| **Eye/Ear, Nose and Throat****眼／耳鼻喉** |  |  |
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| **Oral/Dental Condition****口腔／牙齒狀況** |  |  |
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| **Others****其他** |  |  |
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| **Part IV第四部分** | **Functional Assessment****身體機能評估** |
| **Vision****視力**(with/without\* visual corrective devices有／沒有\*配戴視力矯正器) | [ ]  | normal正常 | [ ]  | unable to read newspaper print不能閱讀報紙字體 | [ ]  | unable to watch TV不能觀看到電視 | [ ]  | see lights only只能見光影 |
| **Hearing****聽覺**(with/without\*hearing aids 有／沒有\*配戴助聽器) | [ ]  | normal正常 | [ ]  | difficult to communicate with normal voice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大聲說話的情況下也不能溝通 |
| **Speech****語言能力** | [ ]  | able to express能正常表達 | [ ]  | need time to express需慢慢表達 | [ ]  | need clues to express需靠提示表達 | [ ]  | unable to express不能以語言表達 |
| **Mental state****精神狀況** | [ ]  | normal/alert/stable正常／敏銳／穩定 | [ ]  | mildly disturbed輕度受困擾 | [ ]  | moderately disturbed中度受困擾 | [ ]  | seriously disturbed嚴重受困擾 |
|  |  |  | [ ]  | early stage of dementia早期認知障礙症 | [ ]  | middle stage of dementia中期認知障礙症 | [ ]  | late stage of dementia後期認知障礙症 |
| **Mobility****活動能力** | [ ]  | independent行動自如 | [ ]  | self-ambulatory with walking aid or wheelchair可自行用助行器或輪椅移動 | [ ]  | always need assistance from other people經常需要別人幫助 | [ ]  | bedridden長期卧床 |
| **Continence****禁制能力** | [ ]  | normal正常 | [ ]  | occasional faecal or urinary incontinence大／小便偶爾失禁 | [ ]  | frequent faecal or urinary incontinence大／小便經常失禁 | [ ]  | double incontinence大小便完全失禁 |
| **A.D.L.****自我照顧能力** | [ ]  | **Independent 完全獨立／不需協助**(No supervision or assistance needed in all daily living activities, including bathing, dressing, toileting, transfer, urinary and faecal continence and feeding)（於洗澡、穿衣、如廁、位置轉移、大小便禁制及進食方面均無需指導或協助） |
|  | [ ]  | **Occasional assistance 偶爾需要協助**(Need assistance in bathing and supervision or assistance in other daily living activities)（於洗澡時需要協助及於其他日常生活活動方面需要指導或協助） |
|  | [ ]  | **Frequent assistance 經常需要協助**(Need supervision or assistance in bathing and no more than 4 other daily living activities)（於洗澡及其他不超過四項日常生活活動方面需要指導或協助） |
|  | [ ]  | **Totally dependent 完全需要協助**(Need assistance in all daily living activities)（於日常生活活動方面均需要完全的協助） |

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| **Part V第五部分** | **Recommendation****建議** |
| The applicant is fit for admission to the following type of residential care homes for the elderly –申請人適合入住以下類別的安老院： |
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| [ ]  |  | **Self-care Hostel低度照顧安老院** |
|  |  | (an establishment providing residential care, supervision and guidance for persons who have attained the age of 60 years and who are capable of observing personal hygiene and performing household duties related to cleaning, cooking, laundering, shopping and other domestic tasks)（即提供住宿照顧、監管及指導予年滿60歲人士的機構，而該等人士有能力保持個人衞生，亦有能力處理關於清潔、烹飪、洗衣、購物的家居工作及其他家務） |
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| [ ]  |  | **Aged Home中度照顧安老院** |
|  |  | (an establishment providing residential care, supervision and guidance for persons who have attained the age of 60 years and who are capable of observing personal hygiene but have a degree of difficulty in performing household duties related to cleaning, cooking, laundering, shopping and other domestic tasks)（即提供住宿照顧、監管及指導予年滿60歲人士的機構，而該等人士有能力保持個人衞生，但在處理關於清潔、烹飪、洗衣、購物的家居工作及其他家務方面，有一定程度的困難） |
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| [ ]  |  | **Care-and-Attention Home高度照顧安老院** |
|  |  | (an establishment providing residential care, supervision and guidance for persons who have attained the age of 60 years and who are generally weak in health and are suffering from a functional disability to the extent that they require personal care and attention in the course of daily living activities but do not require a high degree of professional medical or nursing care)（即提供住宿照顧、監管及指導予年滿60歲人士的機構，而該等人士一般健康欠佳，而且身體機能喪失或衰退，以致在日常起居方面需要專人照顧料理，但不需要高度的專業醫療或護理） |
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| **Part VI第六部分** | **Other Comment****其他批註** |
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| **Medical Practitioner’s Signature醫生簽署** |  | **Name of Hospital/Clinic醫院／診所名稱** |  |
| **Medical Practitioner’s Name醫生姓名** |  | **Stamp of Hospital/Clinic/****Medical Practitioner****醫院／診所／醫生印鑑** |  |
| **Date日期** |  |  |  |