**Medical Examination Form
for Residents in Residential Care Homes for Persons with Disabilities
殘疾人士院舍住客體格檢驗報告書**

|  |  |
| --- | --- |
| **Part I第一部分** | **Particulars of Resident住客資料** |
| **Name姓名** |  | **Sex性別** |  | **Age/Date of Birth年齡／出生日期** |  |  |
|  |  |
| **HKIC No.香港身份證號碼** |  | **Hospital/Clinic Ref. No.醫院／診所檔號** |  |  |
|  |  |
|  |
| **Part II第二部分** | **Types of Disability/Medical History殘疾類別／病歷** |
| (1) | Types of disability (diagnosed by clinical psychologists/medical practitioners) 殘疾類別（經臨床心理學家／醫生診斷）： |
|  | [ ] Mentally Handicapped, please indicate the level弱智，請表明程度 |
|  |  | [ ] mild輕度 [ ] moderate中度 [ ] severe嚴重 [ ] profound極度嚴重 |
|  | [ ] Physically Handicapped, please specify: 肢體傷殘，請說明： |
|  |  |  |  |
|  | [ ] Mentally Ill, please specify: 精神病，請說明： |  |
|  |  |  |  |
|  |  | Last hospitalization最近入住醫院記錄： |  |  |
|  | [ ] Others, please specify: 其他，請說明： |  |  |
|  |  |  |
| (2) | 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： |  |  |
|  |  |  |
| (3) | 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： |  |  |
|  |  |  |
| (4) | Any diagnosis of epilepsy?是否患有腦癇症？ | Yes [ ] 有 | No [ ] 無 |
|  | If yes, please indicate the number of seizures within the past 1 month:如有，請表明過去一個月發作次數： |  |  |
|  |  |  |  |
| (5) | Any recent auditory/visual deterioration?近期有否聽覺／視覺退化？ | Yes [ ] 有 | No [ ] 無 |
|  | If yes, please specify:如有，請註明： |  |  |
|  |  |  |  |
| (6) | 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： |  |  |
|  |  |  |
| (7) | 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： |  |  |
|  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| (8) | 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： |  |  |
|  |  |  |
| (9) | Any record of travelling within the past 6 months?過去6個月有否外遊記錄？ | Yes [ ] 有 | No [ ] 無 |
|  | If yes, please specify:如有，請註明： |  |  |
|  |  |  |
| (10) | Details of present medication, if any, including the name and dosage.如目前需服用藥物，請詳述藥名及服用量。 |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |
| **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 |
|  |  |  |
|  | **Please specify:請註明：** |
| **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/Urogenital System腹／泌尿及生殖系統** |  |  |
|  |
| **Lymphatic System淋巴系統** |  |  |
|  |
| **Thyroid甲狀腺** |  |  |
|  |
| **Skin Condition, e.g. scabies皮膚狀況，如：疥瘡** |  |  |
|  |
| **Foot足部** |  |  |
|  |
| **Eye/Ear, Nose and Throat眼／耳鼻喉** |  |  |
|  |
| **Oral/Dental Condition口腔／牙齒狀況** |  |  |
|  |
| **Others其他** |  |  |
|  |
|  |  |  |  |  |  |

|  |  |
| --- | --- |
| **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 |
| **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） |
| **Others****其他** |  | (e.g. aggressive behaviour, self-injurious behaviour, etc.)（例如：攻擊行為、自我傷害行為等） |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |
| --- | --- |
| **Part V第五部分** | **Recommendations****建議** |
|  |  |  |
| [ ]  |  | **Low Care Level Home低度照顧院舍** |
|  |  | (an establishment providing residential care for persons with disabilities (PWDs) who are capable of basic self-care and require only minimal assistance in daily living activities)（即提供住宿照顧予殘疾人士的機構，而該等殘疾人士具備基本的自我照顧能力，而在日常起居方面只需低度協助） |
|  |  |  |  |  |  |
| [ ]  |  | **Medium Care Level Home中度照顧院舍** |
|  |  | (an establishment providing residential care for PWDs who are capable of basic self-care but have a degree of difficulty in daily living activities)（即提供住宿照顧予殘疾人士的機構，而該等殘疾人士具備基本的自我照顧能力，但在日常起居方面有一定程度的困難） |
|  |  |  |  |  |  |
| [ ]  |  | **High Care Level Home高度照顧院舍** |
|  |  | (an establishment providing residential care for PWDs who are generally weak in health and lack basic self-care skill to the extent that they require personal care, attention and assistance in the course of daily living activities but do not require a high degree of professional medical or nursing care)（即提供住宿照顧予殘疾人士的機構，而該等殘疾人士一般健康欠佳並缺乏基本的自我照顧技巧，程度達到他們在日常起居方面需要專人照顧、護理及協助，但不需要高度的專業醫療或護理） |
|  |  |  |  |

|  |  |
| --- | --- |
| **Part VI第六部分** | **Other Comment****其他批註** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **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** |  |  |  |