

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

**Part I Particulars of Resident**

第一部分 住客資料

Name 姓名： \_\_\_\_\_ Sex 性別： \_\_\_\_\_ Age 年齡： \_\_\_\_\_  
HKIC No. 香港身份證號碼： \_\_\_\_\_ Hospital/Clinic Ref. No. 醫院／診所檔號： \_\_\_\_\_

**Part II History of Major Illnesses**

第二部分 病歷紀錄

(1) Any history of major illnesses/operations? Yes  No   
曾否患嚴重疾病／曾否接受大型手術？ 有 無  
If yes, please specify the diagnosis  
如有，請註明診斷結果： \_\_\_\_\_  
\_\_\_\_\_

(2)(a) Any evidence of infectious or contagious disease? Yes  No   
有否患有傳染病？ 有 無  
If yes, please specify  
如有，請註明： \_\_\_\_\_

(b) Any further investigation or treatment required? Yes  No   
是否需要接受跟進檢查或治療？ 是 否  
If yes, please specify and also state hospital/clinic attended and reference number :  
如需要，請註明並填寫提供覆診的醫院／診所和病人檔號： \_\_\_\_\_  
\_\_\_\_\_

(3) Past psychiatric history, if any, including the diagnosis, period and whether regular following treatment is required.  
如過往有精神病紀錄，請詳述病歷及是否需要定期治療。  
\_\_\_\_\_

(4) Detail of present medication, if any.  
如目前須服用藥物，請詳述藥名及服用量。  
\_\_\_\_\_

**Part III**      **Physical Examination**  
第三部分      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/Urogenital 腹／泌尿及生殖系統: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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，請註明病名，如白內障等)

Ear 耳部 : \_\_\_\_\_  
\_\_\_\_\_

Others 其他 : \_\_\_\_\_

**Part IV Functional Assessment (Please tick where appropriate)**

**第四部分 身體機能的審定 (請在適當地方填上✓號)**

Vision (\*with/without normal  unable to read  unable to  see lights only   
視力 corrective 正常 newspaper print watch TV  
devices) 不能閱讀報紙 不能觀看到 只能見光影  
在\*有/沒有視 字體 電視  
力矯正器下

Hearing (\*with/without normal  difficult to  difficult to  cannot   
聽覺 hearing aid) 正常 communicate with communicate with communicate  
在\*有/沒有 normal voice loud voice with loud  
助聽器下 在普通聲量下難 大聲說話的情況下 voice  
以溝通 也難以溝通 在大聲說話  
的情況下也  
不能溝通

Mental normal  mildly  moderately  seriously   
state /alert disturbed disturbed disturbed  
精神狀況 正常/敏銳 輕度受困擾 中度受困擾 嚴重受困擾

mild  moderate  severe   
dementia dementia dementia  
輕度痴呆 中度痴呆 嚴重痴呆

Mobility independent  self-ambulatory  always need  bedridden   
活動能力 行動自如 with walking aid or wheelchair 經常須別人摻扶  
可自行用助行器 長期臥床  
或輪椅移動

Continence normal  occasional  frequent urine  uncontrolled   
禁制能力 正常 urine or faecal soiling or faecal soiling incontinence  
大/小便偶爾失禁 大/小便經常失禁 完全失卻禁制  
能力

Speech able to express  need time to express  need clues to communicate   
語言能力 能正常表達 須慢慢表達 須用其他方式表達

A.D.L. independent  (No supervision or assistance needed in all  
日常生活 不需幫助 daily activities, including bathing, dressing,  
活動 toileting, transfer, continence and feeding.)  
(在洗澡、穿衣、如廁、移動、大小便禁制  
及 進食方面均無需指導或幫助)

occasional assistance  (Need assistance in bathing and supervision in  
偶爾需要幫助 other activities)  
(在洗澡時需協助及在其他活動上需指導)

《安老院實務守則》

frequent assistance  
經常需要幫助

(Need supervision or assistance in bathing and not more than 4 in other activities)

(洗澡時及其他不超過四項日常活動需要指導或幫助)

totally dependent  
完全需要幫助

**Part V**  
第五部分

**Comments**  
批註

1. Self-care Hostel 低度照顧安老院  
(In general, resident is capable of high degree of self-care 一般來說，住客有高度自我照顧的能力)
2. Home for the Aged 中度照顧安老院  
(In general, resident can observe personal hygiene but need help and guidance for performing household duties 一般來說，住客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 高度照顧安老院  
(In general, resident 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，住客的健康情況衰弱，或有機能上的障礙，以致在飲食、穿衣、如廁等方面經常需要幫助，但無需經常和深切的專業護理照顧)
4. Other 其他： \_\_\_\_\_

Signature  
簽署： \_\_\_\_\_

Date  
日期： \_\_\_\_\_

Doctor's Name  
醫生姓名： \_\_\_\_\_

Hospital/Clinic  
醫院／診所： \_\_\_\_\_

Doctor's Chop  
醫生印鑑： \_\_\_\_\_