香港房屋協會-雋康頤庭(護理安老院) Hong Kong Housing Society-The Tanner Hill Joyous Home

Medical Examination Form 體格檢驗報告表

Name		Sex	Age				
				年龄:			
HKID 香港」	No. 身分證號碼:	_	Hospital/Clinic Ref. No. 醫院/診所檔號:				
	I History of M 部分 病歷紀錄	lajor Illnesses					
(1)	Any history of major i 曾否患何種嚴重疾病 If yes, please specify t 如有,請註明診斷:	/曾否接受何種大型手術? he diagnosis	Yes □ No □ 有 無				
(2)(a)	Any evidence of infec 有否患有傳染病? If yes, please specify 如有,請註明:	tious or contagious disease?	Yes □ 有	No □ 無			
(b)	Any further investigat 是否需要接受跟進治	ion or treatment required? 療?	Yes □ 是	No □ 否			
		and also state hospital/clinic atte 寫提供覆診的醫院/診所和病		ce number:			
(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覆診。						
(4)	Detail of present medi 如目前須服用藥物,	cation, if any. 請詳述藥名及服用量。					

Part IIIPhysical Examination第三部分身體檢查

Blood pressure 血壓 :	Pulse 心跳:	Body Weight 體重 :	
General Condition: 整體情況			
正短用儿			
Cardiovascular System:			
循環系統			
Respiratory System:			
呼吸系統			
Report of Chest X-ray(Valid	I for 6 months):		
肺部X光片報告(有效期為6	個月)		
Date of Ren	ort 報告日期:		
•			
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: (nlease speci	fy name of disease if any a	and if there is condition like bedsore etc.)
-	,請註明病名,並請註明		•)
Foot 足部:			
Eye 眼部:			
(please specify nar		taract) (如患眼疾,請註明病名,如白	內障等)
Ears 耳部:			
Others 其他:			

Part IV Functional Assessment (Please tick 第四部分 身體機能的審定(請在適當地方填上\號) Functional Assessment (Please tick where appropriate)

Vision 視力	(*with/without corrective devices) (在*有/沒有衫 力矯正器下)	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 aid) (在*有/沒有助 聽器下)	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	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	moderate dementia 中度痴呆	severe dementia 嚴重痴呆	
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 personal escort 經常須別人 掺扶	bedridden 長期臥床
Continend 禁制能力	ce	normal 正常	occasional urine or faecal soiling 大/小便偶爾失 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	need time to express 須慢慢表達	need clues to c 須用其他方式	

A.D.L. 日常生活 活動	independent 不需幫助	(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、大小便禁制及進食方面均無需指導幫助)			
	□ occasional assistance 偶而需要幫助	(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	(Need supervision or assistance in bathing and in not more than 4 other activities) (在洗澡及其他不超過四項日常活動需要指導或協助)			
	□ totally dependent 完全需要幫助				
Part V 第五部分	Comments 批註				
<u> </u>	Self-care Hostel 低度照顧安 (In general, resident is capac (一般來說,住客有高度自	ble of high degree of self-care)			
<u> </u>	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)				
<u> </u>	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 does not require 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、個人衛生方面經常需要幫助,但無需經常性的護理照顧)				
<u> </u>	Other 其他 :				
Signature 簽署 : _		Date 日期 :			
Doctor's Name 醫生姓名 :		Hospital/Clinic 醫院/診所 :			
Doctor's Cho	op				

註:此表格取自社會褔利署<<安老院實務守規>>2013年版