香港復康會曾肇添護老院
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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 第一部分 Particulars of Resident 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 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。

_____

(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：_____

(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。

_____

(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。

_____

Part III Physical Examination
第三部分 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. pressure injuries (pressure sores) 皮膚狀況，如：壓力性損傷（壓瘡）	
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
		☐ 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）			

Part V **Recommendation**
第五部分 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：

☐ 1. **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）

☐ 2. **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）

☐ 3. **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）

☐ 4. **Nursing Home 護養院**

(an establishment providing residential care, supervision and guidance for persons who have attained the age of 60 years, and who are suffering from a functional disability to the extent that they require personal care and attention in the course of daily living activities, and a high degree of professional nursing care, but do not require continuous medical supervision)

（即提供住宿照顧、監管及指導予年滿60歲人士的機構，而該等人士身體機能喪失，程度達到在日常起居方面，需要專人照顧料理及高度的專業護理，但不需要持續醫療監管）

Part VI **Other Comment**
第六部分 其他批註

Registered Medical Practitioner's Signature
註冊醫生簽署 _____

Registered Medical Practitioner's Name
註冊醫生姓名 _____

Date
日期 _____

Name of Hospital/Clinic
醫院／診所名稱 _____

Stamp of Hospital/Clinic/ Registered Medical Practitioner
醫院／診所／註冊醫生印鑑 _____