

香港防癆心臟及胸病協會  
The H.K. Tuberculosis, Chest & Heart Diseases Association  
傅麗儀護理安老院  
Freni Care & Attention Home  
自負盈虧部  
Self-financing Section  
**入住申請表**  
Application for Admission

由院方填寫 (For Official Use Only)

收到表格日期: \_\_\_\_\_

檔案編號: RE/N/ \_\_\_\_\_

**第一部份：背景資料**

**PART I BACKGROUND INFORMATION**

**1. 申請人 APPLICANT**

姓名: \_\_\_\_\_ (中文) \_\_\_\_\_ (英文) 性別: \_\_\_\_\_  
Name (Chinese) (English) Sex

出生日期 Date of Birth: \_\_\_\_\_ 身份證號碼 HKID No.: \_\_\_\_\_

地址 Address: \_\_\_\_\_ 電話 Tel. No.: \_\_\_\_\_

通訊地址及電話(如與上不同): \_\_\_\_\_  
Correspondence Address & Tel. No. (if different)

籍貫 Native Place: \_\_\_\_\_ 宗教信仰 Religion: \_\_\_\_\_

婚姻狀況 Marital Status: \_\_\_\_\_ 在港子女人數 No. of Children: \_\_\_\_\_

所操方言 Dialect Used: \_\_\_\_\_ 來港年份 Year arrived in H.K.: \_\_\_\_\_

教育程度 Education: \_\_\_\_\_ 曾任職業 Occupation: \_\_\_\_\_

**2. 保證人 GUARANTOR**

姓名: \_\_\_\_\_ (中文) \_\_\_\_\_ (英文) 性別: \_\_\_\_\_ 年齡: \_\_\_\_\_  
Name (Chinese) (English) Sex Age

身份證號碼 HKID No.: \_\_\_\_\_ 申請人關係 Relationship with Applicant: \_\_\_\_\_

地址 Address: \_\_\_\_\_

電話: (住宅) \_\_\_\_\_ (公司) \_\_\_\_\_ (手提) \_\_\_\_\_  
Tel. No. (Home) (Office) (Mobile)

電郵 Email: \_\_\_\_\_ 職業 Occupation: \_\_\_\_\_

**3. 其他家庭成員或親屬 OTHER FAMILY MEMBERS OR CLOSE RELATIVES**

姓名 Name	性別 Sex	年齡 Age	職業 Occupation	與申請人關係 Relationship with applicant	不與申請人同住請註明地址、電話 if not living with applicant, give address & tel. No.

**4. 經濟狀況 FINANCIAL STATUS & INCOME** (請 ✓ 適合之項目 please ✓ appropriate items)

- 4.1 領取傷殘津貼 On Disability Allowance  金額 Amount \_\_\_\_\_
- 領取高齡津貼 On Old Age Allowance  金額 Amount \_\_\_\_\_
- 家人供養(配偶/子女) Family Contribution (spouse/children)  金額 Amount \_\_\_\_\_
- 親屬供養 Contribution from relatives  金額 Amount \_\_\_\_\_
- 領取退休金 On Pension  金額 Amount \_\_\_\_\_
- 儲蓄 On Savings  金額 Amount \_\_\_\_\_
- 其他 Other (請註明 Please specify): \_\_\_\_\_  金額 Amount \_\_\_\_\_

## 4.2 如已領取傷殘津貼/高齡津貼 If in receipt of Disability Allowance / Old Age Allowance

社會保障部辦事處 Social Security Field Unit: \_\_\_\_\_

電話 Tel. No.: \_\_\_\_\_ 檔案編號 Case Ref. No.: \_\_\_\_\_

## 4.3 如果申請人被接納入住, 費用將由何人支付 If the applicant is admitted, fee will be paid by

- 家人/親屬 Family/ Relatives  金額 Amount \_\_\_\_\_
- 申請人 Applicant  金額 Amount \_\_\_\_\_
- 其他 Other (請註明 Please specify): \_\_\_\_\_  金額 Amount \_\_\_\_\_

**5. 居住狀況 LIVING ARRANGEMENT** (請 ✓ 適合之項目 please ✓ appropriate items)

- 5.1.  獨居 Living alone
- 與家人同住 Residing with family
- 與非直系親屬或朋友同住 Residing with non immediate-relative or friend
- 5.2.  私人樓宇 In private tenements
- 公共屋村 In public housing
- 安老院 In Elderly Home (請註明院舍名稱 name of home) \_\_\_\_\_
- 其他 Other (請註明 Please specify): \_\_\_\_\_
- 5.3. 月租/費用 Monthly rental/charges : HK\$ \_\_\_\_\_

**第二部份：申請人身體機能狀況****PART II PHYSICAL AND MENTAL CONDITION**

1. 明顯的身體殘疾 (例: 痙攣、肢體殘缺等)  
Any obvious disability and disfigurement (e.g. amputation, spastic)
- \_\_\_\_\_
- \_\_\_\_\_
2. 病歷 (請註明斷症年期及覆診資料)  
Medical History (please specify years of illness and medical follow up details)
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

3. 視力:  配戴眼鏡 Wearing glasses  
Vision  無配戴眼鏡 Not wearing glasses
4. 視覺:  足以照料自己 Adequate for self care  
Sight  不足以照料自己 Inadequate for self care  
 失明 Certified blind
5. 聽覺:  正常 Adequate  
Hearing  輕微失聰 Inadequate  
 失聰 Deaf
6. 言語:  正常 Adequate  
Speech  言語溝通障礙 Speech Defect (註明 Please specify): \_\_\_\_\_  
 不能透過言語溝通 No Speech
7. 牙齒情況:  良好 Adequate  
Dental Condition  欠佳 Poor  
 假牙 Wearing denture
8. 失禁情況:  小便失禁 Urine  
Incontinence  大便失禁 Faeces  
 尿喉引流 Foley Catheter  
 大腸造口 Colostomy
9. 精神狀況:  正常 Normal  
Mental State  痴呆 Senile dementia  
 滋擾行爲 Disturbing behaviour (註明 Please elaborate): \_\_\_\_\_
10. 行動情況:  能獨立行走 Walk independently  
Mobility  以手杖能行走自如 Walk satisfactorily with aids  
 持手杖也不能行走自如 Walk poorly even with aids  
 時常跌倒 Frequently falls(助行器種類 Type of aid): \_\_\_\_\_  
 坐輪椅 Chairbound  
 \*臥床/ 癱瘓 \*Bedbound/ paralysed
11. 進食情況:  自行進食 Self-feeding  
Feeding  須別人協助 Feed with assistance  
 完全由別人餵食 Totally dependent  
 須以鼻喉 / 胃喉進食 Ryle's tube / PEG tube feeding
12. 膳食:  普通餐 Usual Diet \* 正常飯餸 Normal / 糊餐 Pureed  
Diet  特別食療 Special Diet \* 糖尿餐 Diabetes / 痛風餐 Gout / 低鹽餐 Renal Diet  
茹素 Vegetarian 或其他 or \_\_\_\_\_  
 戒口 food abstained (註明 please specify): \_\_\_\_\_

\* 刪去不適用者 Delete where inappropriate

### 第三部份： 日常活動能力

#### PART III ACTIVITIES OF DAILY LIVING

	自行處理 Fully Capable	不能自行處理 Partially Dependent	完全由別人處理 Totally Dependent
1. 購物 Marketing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. 料理家務 House-cleaning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. 整理房間 Tidying up the room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. 簡單洗濯衣物 Simple laundry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. 洗澡 Bathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. 穿衣 Dressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. 洗臉/ 洗手 Washing face/hands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. 如廁 Toileting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

第四部份： 申請入住原因  
PART IV REASONS FOR APPLICATION

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第五部份： 宿位選擇  
PART V CHOICE OF PLACEMENT

1. 宿位類別：  
Type of Placement
- 長期住宿 Permanent Placement  
 一個月短暫住宿 One-month Respite Placement  
 二個月短暫住宿 Two-month Respite Placement
2. 房間類別：  
Type of Room
- 六人房 6-Bed Room  
 雙人房 Twin-Bed Room  
 單人房 Single Room
3. 預計入住時間(申請獲批後)：  
Tentative admission time upon approval
- 即時入住 Immediate Admission  
 1-3 星期內入住 To be admitted within 1 to 3 weeks  
 一個月後入住 To be admitted after 1 month  
 其他 Other(請註明 Please specify): \_\_\_\_\_

若閣下選擇的房間類別已額滿，閣下是否願意先入住其他類別的房間？

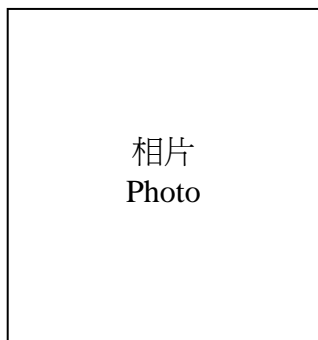
If the chosen type of rooms is fully occupied, will you consider other type(s) of room ?

- 是 Yes 請選擇 Please choose:  六人房 6-Bed Room  雙人房 Twin-Bed Room  單人房 Single Room
- 否 No

第六部份： 申請人同意書  
PART VI APPLICANT'S CONSENT

本人同意將上述資料及體格檢驗結果提供給香港防癆心臟及胸病協會傅麗儀護理安老院作審核本人入住申請之用。

I hereby agree to provide the above information and my medical examination report to the Hong Kong Tuberculosis, Chest & Heart Diseases Association Freni Care & Attention Home for assessment of my application for admission.



申請人簽署 Applicant's Signature: \_\_\_\_\_

保證人簽署 Guarantor's Signature: \_\_\_\_\_

日期 Date: \_\_\_\_\_

請將填妥之申請表連同體格檢驗報告郵寄/傳真至傅麗儀護理安老院。  
Please return the duly filled application form and medical examination form by mail or by fax to Freni Care and Attention Home.

地址:香港灣仔肇輝台一號 H  
Address: 1H, Shiu Fai Terrace, Wanchai, Hong Kong  
電話 Phone : 2239 2388  
傳真 Fax. : 2591 9223