

Freni Care & Attention Home
 傅麗儀護理安老院
 Self-Financing Section
 自負盈虧部

Pre-admission Medical Examination Form
 入住前體格檢驗報告書

Part I Particulars of Applicant

第一部份 申請人資料

Name 姓名: _____ Sex 性別: _____ Age 年齡: _____
 HKID No. 身份證號碼: _____ Hospital/Clinic Ref. No. 醫院/診所檔號: _____

Part II History of Major Illnesses

第二部份 病歷紀錄

(1) Any history of major illnesses/operations? Yes No
 曾否患何種嚴重疾病/曾否接受何種大型手術? 有 沒有
 If yes, please specify the diagnosis
 如有, 請註明診斷: _____

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

(2b) Any further investigation or treatment required? Yes No
 是否需要接受跟進治療? 有 沒有
 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覆診。

(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
第三部份 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 bed sore etc.)
 (如患皮膚病，請註明病名，並請註明有否如褥瘡等狀況。)

Feet
 足部 : _____

Eyes
 眼部 : _____
 (Please specify name of disease if any. e.g. cataract)
 (如患眼疾如白內障，請註明。)

Ears : _____
 耳部 _____

Others : _____
 其他 _____

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

Vision 視力	with 有	<input type="checkbox"/>	without 沒有	<input type="checkbox"/>	corrective devices 視力矯正器	
	normal 正常					<input type="checkbox"/>
	unable to read newspaper print 不能閱讀報紙字體					<input type="checkbox"/>
	unable to watch TV 不能觀看到電視					<input type="checkbox"/>
	see lights only 只能見光影					<input type="checkbox"/>
Hearing 聽覺	with 有	<input type="checkbox"/>	without 沒有	<input type="checkbox"/>	hearing aid 助聽器	
	normal 正常					<input type="checkbox"/>
	difficult to communicate with normal voice 在普通聲量下難以溝通					<input type="checkbox"/>
	difficult to communicate with loud voice 大聲說話的情況下也難以溝通					<input type="checkbox"/>
	cannot communicate with loud voice 即使在大聲說話的情況下也完全不能溝通					<input type="checkbox"/>
Mental State 精神狀況	normal / alert 正常 / 敏銳					<input type="checkbox"/>
	mildly disturbed 輕度受困擾					<input type="checkbox"/>
	moderately disturbed 中度受困擾					<input type="checkbox"/>
	seriously disturbed 嚴重受困擾					<input type="checkbox"/>
	mildly dementia 輕度痴呆					<input type="checkbox"/>
	moderately dementia 中度痴呆					<input type="checkbox"/>
	severe dementia 嚴重痴呆					<input type="checkbox"/>

Mobility 活動能力	independent 行動自如	<input type="checkbox"/>
	self-ambulatory with walking aid or wheelchair 可自行用助行器或輪椅移動	<input type="checkbox"/>
	always need personal escort 經常須別人摻扶	<input type="checkbox"/>
	bedridden 長期臥床	<input type="checkbox"/>
Contenance 禁制能力	normal 正常	<input type="checkbox"/>
	occasional urine or faecal soiling 大 / 小便偶而失禁	<input type="checkbox"/>
	frequent urine or faecal soiling 大 / 小便經常失禁	<input type="checkbox"/>
	uncontrolled incontinence 完全失卻禁制能力	<input type="checkbox"/>
Speech 語言能力	able to express 能正常表達	<input type="checkbox"/>
	need time to express 須慢慢表達	<input type="checkbox"/>
	need clues to communicate 須用其他方式表達	<input type="checkbox"/>
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, transfer, continence and feeding.) (在洗澡、穿衣、如廁、移動、大小便禁制及進食均無需幫助。)	<input type="checkbox"/>
	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。)	<input type="checkbox"/>
	frequent assistance 經常需要幫助 (Need supervision or assistance in bathing and not more than 4 in other activities) (在洗澡及其他不超過四項日常活動需要協助。)	<input type="checkbox"/>
	totally dependent 完全需要幫助	<input type="checkbox"/>

Part V Laboratory Findings
第五部份 化驗結果

Chest X-ray Date taken
 X 光胸肺檢查: _____ 檢查日期: _____

(If CXR abnormal) (如 X 光胸肺檢查結果不正常)

Sputum AFB Smear
 唾液耐發性桿菌塗片 : _____

Part VI Recommendation
第六部份 推薦 (請在適當地方填上✓號)

1. Self-care Hostel 老人宿舍
 (In general, applicant is capable of high degree of self-care)
 (一般來說，申請人有高度自我照顧起居生活的能力。)
2. Home for the Aged 安老院
 (In general, applicant can observe personal hygiene but need help and guidance for performing household duties)
 (一般來說，申請人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 護理安老院
 (In general, applicant 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，申請人之健康情況衰弱，或有機能上之障礙，以致在飲食、穿衣、個人衛生方面經常需要幫助，但無需要經常性之護理照顧。)
4. Nursing Home 護養院
 (In general, applicant is an elderly person with a medical condition which is stabilized but which still require regular basic medical and nursing care, or with chronic disability who, in order to move around, requires, with or without a walking aid or wheelchair, one person to assist him/her but who is in any event not totally chairbound.)
 (一般來說，申請人之健康情況穩定但仍需要定期接受基本醫療護理服務；或患有慢性殘疾，需在一人協助下，利用或不利用走路輔助工具或輪椅，才可隨意走動，但無論如何都不會是須依靠約束衣或其他輔助才能坐在輪椅上。)
5. Infirmary 療養院
 (In general, applicant requires professional medical supervision or high degree of nursing care.)
 (一般來說，申請人需要專業的醫療照顧或高度護理照顧。)

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: _____