

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 Resident

第一部份 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

第二部份 病歷紀錄

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

- (2) Any allergy to food or drugs? Yes ☐ No ☐
 有否食物或藥物過敏? 有 無
 If yes, please specify :
 如有, 請註明: _____

- (3)(a) Any signs of infectious disease? Yes ☐ No ☐
 有否傳染病徵狀? 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? 有 無
 If yes, please specify and also state hospital / clinic attended and reference number :
 如有, 請註明並填寫覆診的醫院 / 診所和病人檔號: _____

- (4) Any swallowing difficulties / easy choking? Yes ☐ No ☐
 有否吞嚥困難 / 容易哽塞? 有 無
 If yes, please specify :
 如有, 請註明: _____

- (5) Any need of special diet? Yes ☐ No ☐
 有否特別膳食需要? 有 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
第三部份 身體檢查

Blood pressure 血壓： _____ mmHg Pulse 脈搏： _____ /min Body Weight 體重： _____ 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
 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 Functional Assessment (Please tick where appropriate)
第四部份 身體機能評估 (請在適當地方填上✓號)

Vision 視力	(* with / without corrective devices *有 / 沒有配戴 視力矯正器)	Normal <input type="checkbox"/> 正常	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 / without hearing aid *有 / 沒有配戴 助聽器)	Normal <input type="checkbox"/> 正常	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 大聲說話的情況下也 不能溝通	<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 需靠提示表達	<input type="checkbox"/>	Unable to express 不能以語言表達	<input type="checkbox"/>
Mental state 精神狀況	Normal / alert/ stable 正常/敏銳/穩定	<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"/>
			Early stage of dementia 早期認知障礙症	<input type="checkbox"/>	Middle stage of dementia 中期認知障礙症	<input type="checkbox"/>	Late stage of dementia 後期認知障礙症	<input type="checkbox"/>
Mobility 活動能力	Independent 行動自如	<input type="checkbox"/>	Self-ambulatory with walking aid or wheelchair 可自行用助行架或 輪椅移動	<input type="checkbox"/>	Always need assistance from other people 經常需要別人幫助	<input type="checkbox"/>	Bedridden 長期臥床	<input type="checkbox"/>
Continence 禁制能力	Normal 正常	<input type="checkbox"/>	Occasional faecal or urinary incontinence 大 / 小便偶爾失禁	<input type="checkbox"/>	Frequent faecal or urinary incontinence 大/小便經常失禁	<input type="checkbox"/>	Double incontinence 大小便完全失禁	<input type="checkbox"/>
A.D.L. 日常生活活動	Independent 完全獨立/不需協助	<input type="checkbox"/>	(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	<input type="checkbox"/>	(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	<input type="checkbox"/>	(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	<input type="checkbox"/>	(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 Laboratory Findings
第五部份 化驗結果

Chest X-ray findings

X 光胸肺檢查結果: _____

Date taken

檢查日期: _____

(If CXR abnormal) (如 X 光胸肺檢查結果不正常)

Sputum AFB Smear

唾液耐發性杆菌塗片 : _____

Part VI Recommendation
第六部份 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 person 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、監管及指導予年滿歲人士的機構，而該等人士有能力保持個人衛生，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. Home for the Aged 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、監管及指導予年滿歲人士的機構，而該等人士有能力保持個人衛生，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
 (In general, resident 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, resident 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: _____

Medical Practitioner's Name

醫生姓名: _____

Hospital / Clinic

醫院 / 診所: _____

Medical Practitioner's Chop

醫生印鑑: _____