

Medical Examination Form
for Residents in Residential Care Homes for Persons with Disabilities
殘疾人士院舍住客體格檢驗報告書

Part I Particulars of Resident**第一部分 住客資料**

Name 姓名 _____	Sex 性別 _____	Age/Date of Birth 年齡/出生日期 _____
HKIC No. 香港身份證號碼 _____	Hospital/Clinic Ref. No. 醫院/診所檔號 _____	

Part II Types of Disability/Medical History**第二部分 殘疾類別/病歷**

(1)	Types of disability (diagnosed by clinical psychologists/medical practitioners): 殘疾類別 (經臨床心理學家/醫生診斷): <input type="checkbox"/> Mentally Handicapped, please indicate the level: 弱智, 請註明程度: <input type="checkbox"/> mild 輕度 <input type="checkbox"/> moderate 中度 <input type="checkbox"/> severe 嚴重 <input type="checkbox"/> profound 極度嚴重 <input type="checkbox"/> Physically Handicapped, please specify: 肢體傷殘, 請註明: _____ <input type="checkbox"/> Mentally Ill, please specify: 精神病, 請註明: _____ Last hospitalisation: 最近入住醫院記錄: _____ <input type="checkbox"/> Others, please specify: 其他, 請註明: _____			
(2)	Any history of major illnesses/operations? 曾否患嚴重疾病/接受大型手術? If yes, please specify the diagnosis: 如有, 請註明診斷結果: _____	Yes <input type="checkbox"/> 有	No <input type="checkbox"/> 無	
(3)	Any allergy to food or drugs? 有否食物或藥物過敏? If yes, please specify: 如有, 請註明: _____	Yes <input type="checkbox"/> 有	No <input type="checkbox"/> 無	
(4)	Any diagnosis of epilepsy? 是否患有腦癇症? If yes, please indicate the number of seizures within the past 1 month: 如有, 請表明過去一個月發作次數: _____	Yes <input type="checkbox"/> 有	No <input type="checkbox"/> 無	
(5)	Any recent auditory/visual deterioration? 近期有否聽覺/視覺退化? If yes, please specify: 如有, 請註明: _____	Yes <input type="checkbox"/> 有	No <input type="checkbox"/> 無	
(6)	Any signs of infectious disease? 有否傳染病徵狀? If yes, please specify: 如有, 請註明: _____	Yes <input type="checkbox"/> 有	No <input type="checkbox"/> 無	
(7)	Any swallowing difficulties/easy choking? 有否吞嚥困難/容易哽塞? If yes, please specify: 如有, 請註明: _____	Yes <input type="checkbox"/> 有	No <input type="checkbox"/> 無	

(8)	Any need of special diet? 有否特別膳食需要? If yes, please specify: 如有，請註明： _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
(9)	Any record of travelling within the past 6 months? 過去 6 個月有否外遊記錄? If yes, please specify: 如有，請註明： _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
(10)	Details of present medication, if any, including the name and dosage. 如目前需服用藥物，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 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 System 腹／泌尿及生殖系統	_____	_____
Lymphatic System 淋巴系統	_____	_____
Thyroid 甲狀腺	_____	_____
Skin Condition, e.g. scabies 皮膚狀況，如：疥瘡	_____	_____
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**第四部分 身體機能評估**

Vision 視力 (with/without* visual corrective devices 有/沒有*配 戴 視力矯正器)	<input type="checkbox"/> 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
Hearing 聽覺 (with/without* hearing aids 有/沒有*配 戴助聽器)	<input type="checkbox"/> normal 正常	<input type="checkbox"/> difficult to communicate with normal voice 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
Speech 語言能力	<input type="checkbox"/> able to express 能正常表達	<input type="checkbox"/> need time to express 需慢慢表達	<input type="checkbox"/> need clues to express 需靠提示表達	<input type="checkbox"/> unable to express 不能以語言表 達
Mental state 精神狀況	<input type="checkbox"/> normal/alert/s table 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
Mobility 活動能力	<input type="checkbox"/> 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 assistance from other people 經常需要別人幫助	<input type="checkbox"/> bedridden 長期卧床
Continance 禁制能力	<input type="checkbox"/> 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
A.D.L. 自我照顧能力	<input type="checkbox"/> 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)			
	<input type="checkbox"/> 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)			
	<input type="checkbox"/> 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)			
	<input type="checkbox"/> 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)			

Others (e.g. aggressive behaviour, self-injurious behaviour, etc.)
其他 (例如：攻擊行為、自我傷害行為等)

Part V Recommendations

第五部分 建議

1. **Low Care Level Home 低度照顧院舍**
 (an establishment providing residential care for persons with disabilities (PWDs) who are capable of basic self-care and require only minimal assistance in daily living activities)
 (即提供住宿照顧予殘疾人士的機構，而該等殘疾人士具備基本的自我照顧能力，而在日常起居方面只需低度協助)
2. **Medium Care Level Home 中度照顧院舍**
 (an establishment providing residential care for PWDs who are capable of basic self-care but have a degree of difficulty in daily living activities)
 (即提供住宿照顧予殘疾人士的機構，而該等殘疾人士具備基本的自我照顧能力，但在日常起居方面有一定程度的困難)
3. **High Care Level Home 高度照顧院舍**
 (an establishment providing residential care for PWDs who are generally weak in health and lack basic self-care skill to the extent that they require personal care, attention and assistance in the course of daily living activities but do not require a high degree of professional medical or nursing care)
 (即提供住宿照顧予殘疾人士的機構，而該等殘疾人士一般健康欠佳並缺乏基本的自我照顧技巧，程度達到他們在日常起居方面需要專人照顧、護理及協助，但不需要高度的專業醫療或護理)

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

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

Date
 日期