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 第一部分 Particulars of Resident 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 第二部分 Types of Disability/Medical History 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）：

☐Mentally Handicapped, please indicate the level 智障，請表明程度

☐mild 輕度 ☐moderate 中度 ☐severe 嚴重 ☐profound 極度嚴重

☐Physically Handicapped, please specify: 肢體傷殘，請說明：

_____

☐Mentally Ill, please specify: 精神病，請說明：

_____

Last hospitalization 最近入住醫院記錄：_____

☐Others, please specify: 其他，請說明：_____

(2) 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：_____

(3) 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：_____

(4) Any diagnosis of epilepsy? 是否患有腦癇症？ Yes 有 ☐ No 無 ☐

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：_____

(5) Any recent auditory/visual deterioration? 近期有否聽覺／視覺退化？ Yes 有 ☐ No 無 ☐

If yes, please specify: 如有，請註明：_____

(6) 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：_____

(7) 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：_____

(8) 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：_____

(9) Any record of travelling within the past 6 months? Yes ☐ No ☐
過去 6 個月有否外遊記錄？ 有 無
If yes, please specify:
如有，請註明：_____

(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	**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. 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 **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
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）			
Others **其他**	(e.g. aggressive behaviour, self-injurious behaviour, etc.) （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**

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_____

_____

_____

_____

_____

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 _____