



(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) Detail 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 System 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 眼部／耳鼻喉		
Oral/Dental Condition 口腔／牙齒狀況		
Others 其他		

**Part IV Functional Assessment**

**第四部份 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 communication with normal voice 普通聲量下難 以溝通	<input type="checkbox"/> difficult to communication 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/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
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 長期臥床
Contenance 禁制能力	<input type="checkbox"/> normal 正常	<input type="checkbox"/> occasional faecal or urinary incontinence 大/小便偶而 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"/> <b>Independent 完全獨立/不需協助</b> (No supervision or assistance needed in all daily activities, including bathing, dressing, toileting, transfer, urinary and faecal continence and feeding.) (於洗澡、穿衣、如廁、位置轉移、大小便禁制及進食均無需指導或協幫助)			
	<input type="checkbox"/> <b>Occasional assistance 偶而需要幫協助</b> (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"/> <b>Frequent assistance 經常需要協助</b> (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"/> <b>Totally dependent 完全需要協助</b> (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 Recommendation**

**第五部份 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 persons 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 60 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. **Aged Home 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 60 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)

(即提供住宿照顧、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)

**Part VI Other Comment**

**第六部份 其他批註**

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Medical Practitioner's Signature

醫生簽署

\_\_\_\_\_

Name of Hospital/Clinic

醫院／診所名稱

\_\_\_\_\_

Medical Practitioner's Name

醫生姓名

\_\_\_\_\_

Stamp of Hospital/ Clinic/

Medical Practitioner

醫院／診所／醫生印鑑

\_\_\_\_\_

Date

日期

\_\_\_\_\_

Medical Examination Form  
體 格 檢 驗 報 告 書

(Result of Laboratory Test 化驗結果)

Particulars of Applicant 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 : \_\_\_\_\_

Laboratory Findings 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 唾液耐發性杆菌塗片: \_\_\_\_\_

(If the applicant is in need of special treatment, please specify and give a referral to him/her)

(如申請人須接受特別診治, 請說明需何種診治, 並給他/她轉介信)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other Comments 其他批註: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Signature 簽署 : \_\_\_\_\_

Date 日期 : \_\_\_\_\_

Doctor's Name 醫生姓名 : \_\_\_\_\_

Hospital/Clinic 醫院/診所 : \_\_\_\_\_

Medical Examination Form  
體格檢驗報告書

(History of Infections Disease 傳染病記錄)

Particulars of Applicant 申請人資料

Name 姓名 : \_\_\_\_\_ Sex 性別 : \_\_\_\_\_ Age 年齡 : \_\_\_\_\_

HKID No. 身份証號碼 : \_\_\_\_\_ Hospital/ Clinic Ref. No. 醫院/診所檔號 : \_\_\_\_\_

**History of Infections Disease 傳染病記錄:**

Any History of Infections Disease: YES  NO

傳染病紀錄: 有  無

If Yes, please specify name of the Infections Disease e.g. VRE, MRSA

請清楚填寫該傳染病名稱, 如 VRE, MRSA \_\_\_\_\_

Place of Origin : \_\_\_\_\_ Date Taken: \_\_\_\_\_  
細菌或病毒出處: \_\_\_\_\_ 檢查日期: \_\_\_\_\_

Treatment received : \_\_\_\_\_  
曾接受任何治療: \_\_\_\_\_

Latest Status: Positive \_\_\_\_\_ Negative \_\_\_\_\_ Date: \_\_\_\_\_  
最新情況: 陽性 \_\_\_\_\_ 陰性 \_\_\_\_\_ 日期: \_\_\_\_\_

Signature 簽署 : \_\_\_\_\_

Date 日期 : \_\_\_\_\_

Doctor's Name 醫生姓名 : \_\_\_\_\_

Hospital/Clinic 醫院/診所 : \_\_\_\_\_