



(5) Any need of special diet? Yes ☐ No ☐  
有否特別膳食需要? 是 否  
If yes, please specify  
如有，請註明： \_\_\_\_\_

(6) 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。

\_\_\_\_\_

(7) 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**  
**第三部分      身體檢查**

Blood pressure 血壓 : \_\_\_\_\_ Pulse 心跳 : \_\_\_\_\_ Body Weight 體重 : \_\_\_\_\_

Cardiovascular System :  
循環系統

Respiratory System :  
呼吸系統

Report of Chest X-ray(Valid for 6 months) :  
肺部X光片報告(有效期為6個月)

Date of Report 報告日期 :

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 皮膚 :  
(please specify name of disease if any, and if there is condition like bedsore etc.)  
(如患皮膚病，請註明病名，並請註明有否如褥瘡等狀況)

Foot 足部 :

Eye 眼部 :

(please specify name of disease if any e.g. cataract) (如患眼疾，請註明病名，如白內障等)

Ears 耳部 :

Oral/ Dental  
Condition 口腔  
/牙齒狀況：

Others 其他：

接種紀錄：  
Vaccination  
Records

☐ 流感針 Influenza Vaccine

接種日期 Vaccination Date：

☐ 肺炎球菌疫苗 Pneumococcal Vaccine

接種日期 Vaccination Date：

☐ 新冠疫苗 COVID-19 Vaccine

疫苗名稱 (請選擇)：

☐ 科興 Sinovac

☐ 復必泰 BioNTech

☐ 其他 Others：(請註明)(please specify)\_\_\_\_\_

接種日期 Vaccination Date：

第一針接種日期 1st Dose \_\_\_\_\_yy\_\_\_\_\_mm\_\_\_\_\_dd

第二針接種日期 2nd Dose \_\_\_\_\_yy\_\_\_\_\_mm\_\_\_\_\_dd

第三針接種日期 3rd Dose \_\_\_\_\_yy\_\_\_\_\_mm\_\_\_\_\_dd

第四針接種日期 3rd Dose \_\_\_\_\_yy\_\_\_\_\_mm\_\_\_\_\_dd

#### Part IV Functional Assessment (Please tick where appropriate)

第四部分 身體機能的審定(請在適當地方填上✓號)

<b>Vision</b> 視力	(*with/without corrective devices ) (在*有/沒有視 力矯正器下)	<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
<b>Hearing</b> 聽覺	(*with/without hearing aid) (在*有/沒有助 聽器下)	<input type="checkbox"/> 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
<b>Mental state</b> 精神狀況		<input type="checkbox"/> 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"/> mild dementia 輕度痴呆	<input type="checkbox"/> moderate dementia 中度痴呆	<input type="checkbox"/> severe dementia 嚴重痴呆
<b>Mobility</b> 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 personal escort 經常須別人摻扶
<b>Continence</b> 禁制能力	<input type="checkbox"/> normal 正常	<input type="checkbox"/> occasional urine or faecal soiling 大/小便偶爾失禁	<input type="checkbox"/> frequent urine or faecal soiling 大/小便經常失禁
<b>Speech</b> 語言能力	<input type="checkbox"/> 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

<b>A.D.L.</b> 日常生活活動	<input type="checkbox"/> independent 不需幫助	(No supervision or assistance needed in all daily activities, including bathing, dressing, toileting, transfer, continence and feeding) (在洗澡、穿衣、如廁、移動、大小便禁制及進食方面均無需指導幫助)
	<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 in not more than 4 other activities) (在洗澡及其他不超過四項日常活動需要指導或協助)
	<input type="checkbox"/> totally dependent 完全需要幫助	(Need assistance in all daily living activities) (於日常生活活動方面均需要完全的協助)

**Part V**  
第五部分

**Recommendation**  
建議

- ☐ 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. 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及料理，但不需要高度的專業醫療或護理)
- ☐ 4. Nursing Home 護養院  
(an establishment providing residential care, supervision and guidance for persons who have attained the age of 60 years, and who are suffering from a functional disability to the extent that they require personal care and attention in the course of daily living activities, and a high degree of professional nursing care, but do not require continuous medical supervision)  
(即提供住宿照顧，監管及指導予年滿60歲人士的機構，而該等人士身體機能喪失，程度達到在日常起居方面，需要專人照顧及高度的專業護理，但不需持續醫療監管)

**Part VI**  
**第六部份**

**Other Comment**  
**其他批註**

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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 : \_\_\_\_\_

註：此表格參考社會福利署<<安老院實務守規>>2020年版及<<安老院（護養院）實務守則2020>>年版