

Medical Examination Form
身體檢查報告書**Part I Particulars of Applicant**
甲部 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: _____

Part II History of Major Illnesses
乙部 病歷記錄

- (1) Any history of major illnesses/operations? Yes No
曾否患有何種疾病/曾否接受何種大型手術? 有 無

If yes, please specify the diagnosis
如有, 請註明診斷: _____

- (2) Any evidence of infectious or contagious disease? Yes No
有否患有傳染病? 有 無

If yes, please specify
如有, 請註明: _____

- (3) Past psychiatric history, if any, including the diagnosis, period and whether regular following treatment is required.
如過往有精神病記錄, 請詳述病歷及是否需要定期覆診。

- (4) Detail of present medication, if any.
如目前須服用藥物, 請詳述藥名及服用量。

- (5) Any history of allergy to medicine, food or others? Yes No
有否對藥物、食物或其他過敏? 有 無

If yes, please specify
如有, 請註明: _____

Part III Physical Examination

丙部 身體檢查

Blood pressure

血壓: _____

Pulse

心跳: _____

Body Weight

體重: _____

General

整體情況: _____

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: _____

Skin (please specify name of disease if any, and if there is condition like bedsore etc.

皮膚 (如患皮膚病, 請註明有否如褥瘡等狀況):

Foot

足部: _____

Eye (please specify name of disease if any e.g. cataract)

眼部 (如患眼疾如白內障, 請註明):

Others

其他: _____

Part IV Functional Assessment (Please tick where appropriate)

丁部 身體機能評估 (請在適當地方填上✓號)

Vision 視力:	Normal 正常	<input type="checkbox"/>	mildly impaired 輕度受障	<input type="checkbox"/>	moderately impaired 中度受障	<input type="checkbox"/>	severely impaired 嚴重受障	<input type="checkbox"/>
Hearing 聽力:	Normal 正常	<input type="checkbox"/>	mildly impaired 輕度受障	<input type="checkbox"/>	moderately impaired 中度受障	<input type="checkbox"/>	severely impaired 嚴重受障	<input type="checkbox"/>
Mental state 精神狀態:	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"/>	moderately dementia 中度痴呆	<input type="checkbox"/>	severe dementia 嚴重痴呆	<input type="checkbox"/>
Mobility 活動能力:	Independent 行動自如	<input type="checkbox"/>	aided 需用輔行器具	<input type="checkbox"/>	chairbound 必須用輪椅	<input type="checkbox"/>	bedridden 長期臥床	<input type="checkbox"/>
Continence 禁制能力:	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	<input type="checkbox"/>	uncontrolled incontinence 完全失卻 禁制能力	<input type="checkbox"/>
A.D.L. 日常生活活動:	Unaided 不需幫助	<input type="checkbox"/>	occasionally 偶爾需要 幫助	<input type="checkbox"/>	always aided 經常需要 幫助	<input type="checkbox"/>	totally dependent 完全需要 幫助	<input type="checkbox"/>

Part V Doctor's Recommendation

戊部 醫生建議

- (1) Is the applicant need rehabilitation treatment?
(Physiotherapy and Occupational Therapy)
需否復康治療? (物理及職業治療) Yes No
需要 無需要

If yes, please specify treatment recommended.

如有需要，請建議治療項目: _____

- (2) 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: _____

Tel no.
電話: _____

Fax no. / E-mail address
傳真/電郵: _____