



職員專用 Official use	
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香港聖公會張國亮伉儷安老服務大樓
HKSKH Cyril And Amy Cheung Aged Care Complex

林植豪伉儷日間康健中心入會申請表
Mr. and Mrs. Lam Chik Ho Health Care Centre Application Form

一、個人資料 Personal Information

申請人姓名 Name of Applicant :	_____ (English)	性別 Sex :	男/女 * M/F *
地址 Address :	_____ (中文)	年齡 Age :	_____
通訊地址 Correspondence Address if different :	_____	電話 Tel. No. :	_____
出生日期 Date of Birth :	_____	婚姻狀況 Marital Status :	_____
籍貫 Native Place :	_____	所操方言 Dialect :	_____
身份證號碼 HKID No. :	_____	抵港日期 Year Arrived in H.K. :	_____
宗教 Religion :	_____ 教會 Church :	加入教會日期* Date of Admission to Church* :	_____
現職 Occupation, if still employed :	_____	薪金 Salary :	_____
教育程度 Education Level :	_____		

請貼上申請人
近照一張

二、保證人資料/諮詢者 Guarantor / Referee Information

保證人/諮詢者姓名 Name of Guarantor / Referee :	_____ (Mr. / Mrs. / Miss)*
地址 Address :	_____ (先生/太太/小姐)*
電話 Tel. No. :	_____ (日間) (手提) _____ (Office) (Mobile)
身份證號碼 HKID No. :	_____ 職業 Occupation :
與申請人關係 Relationship with Applicant :	_____

三、申請人同意書 Applicant's Consent

本人同意將所附資料，包括體格檢驗結果及本人之個案紀錄，提供予有關機構以便審核本人之入住院舍申請。
I agree to provide my personal information, including medical check up result, to the corresponding authority for consideration of my application for the placement in the residential home for the elderly.

申請人姓名 Name of Applicant :	_____
簽署 Signature :	_____
日期 Date :	_____
見證人簽署 Witness :	_____

*刪去不適用者
Delete where inappropriate

四、家人或近親資料 Particulars of Family Members or Close Relatives

姓名 Name	性別 Sex	年齡 Age	職業 Occupation	與申請人關係 Relationship with Applicant	如非與申請人同住，請列明地址電話 If not living with applicant, please state the address & contact number

五、緊急聯絡人 Name of Contact Person

1) 地址 (Address) : _____

聯絡電話(Contact Tel. No.) : _____ (日間/Day) _____ (晚間/Night)

2) 地址 (Address) : _____

聯絡電話(Contact Tel. No.) : _____ (日間/Day) _____ (晚間/Night)

六、經濟狀況 Financial Status & Income

傷殘津貼

On Disability Allowance

高齡津貼

On Old Age Allowance

家人(伴侶或子女)供給款項

Contribution from family (spouse or children)

親屬供給款項

Contribution from relative

退休金

On Pension

其他(請註明)

Others (please specify) _____

七、居住情況 Living Arrangement

獨居

Living alone

與直系親屬同住

Residing with family

與傭人同住

Residing with Domestic Helper

與親友同住

Residing with non-immediate relative or friend

八、住屋類別 Type of Housing

居於公共樓宇

In Public Housing

居於私人樓宇

In Private Tenements

其他(請註明)

Others (please specify) _____

九、健康及精神狀況 Physical and Mental Condition

殘缺 (如斷肢、痙攣等)

Disability and Disfigurement (e.g. amputation, spastic)

有
Yes

無
No

如有，請註明

If yes, please specify :

視覺
Vision

配戴眼鏡
Wearing glasses

有
Yes

無
No

視力 足夠照料自己
Sight Adequate for self-care

是
Yes

否
No

證實失明
Certified blind

是
Yes

否
No

聽覺
Hearing

正常
Good

欠佳
Inadequate

失聰
Deafness

與人交談
Speech

正常
Good

不能言語
Cannot communicate with
speech

有困難
Speech with difficulties

牙齒
Dental Condition

正常
Good

欠佳
Poor

配戴假牙
Wearing Denture

失禁
Incontinence

無
No

小便
Urine

大便
Faeces

精神狀況
Mental Status

正常
Normal

老年痴呆
Senile dementia

有騷擾他人行為
With disturbing behaviour

其他護理照顧需要(請註明)

Other Nursing Care (Please specify)

行動
Mobility

行動自如
Walk independently
使用輔助器能行動自如
Walk with aids independently
可在別人扶持下步行
Walk with assistance
所需輔助器類別
Type of aid

不能行動
Chairbound

臥床/癱瘓*
Bedbound / Paralysed*

不時跌倒
Fall Frequently

十、日常活動能力 Activities of Daily Living

	自我照顧 Fully Capable	部份依靠別人 Partially Dependent on Others	完全依靠別人 Total Dependent on Others
購物 Shopping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
煮食 Cooking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
清潔地方 House Cleaning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
收拾房間 Tidying up the room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
洗衣 Simple laundry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
洗澡 Bathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
穿衣 Dressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
飲食 Feeding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
洗臉/洗手 Washing face / hands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
如廁 Toileting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

十一、 日間護理時間 Day Care Service

全時間 Full Time

部份時間 Part Time

每星期_____天 _____ Days per week

* 申請人所需的護理級別，將由專業社工、註冊護士、物理治療師及職業治療師，根據申請人之身體、精神及醫療等狀況而作出評估，以釐訂申請人所需的護理級別。
The application will be considered by health care professional staffs, including but not limited to, Social Workers, Registered Nurses, Physiotherapist and Occupational Therapists based on the applicant's health condition.

FOR OFFICE USE ONLY

Date received : _____ Date of making home visit : _____

Date of submitting the case to Elderly Admission Board of discussion : _____

Result of application : Accepted

Rejected

Reasons : _____

Withdrawn

Reasons : _____

- Recommended Care Level General Care Level
 Care and Attention Level
 Enhance Care Level

Date of notifying result to the applicant / guarantor: _____

Signature of Superintendent : _____