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| **服務使用者資料 【必須填寫】** | **Name of Service User服務使用者姓名：** |       | (中文) | **Gender** 性別：[ ]  M男 [ ]  F女 | **Age 年齡 :**       |
|       | (Eng) |
| **Address of Service User** 服務使用者住址：      |
| **Tel.電話**：       | **Fax. 傳真**：       | **Email電郵**：       |
| **Service Needs / Major Problems 服務需要** /**主要困難**：      |

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| **評估安排** | [ ]  to be assessed in person at JCRSSC可親臨賽馬會復康座椅服務中心進行評估 [ ]  needs JCRSSC to arrange outreach assessment service 需由賽馬會復康座椅服務中心安排上門評估  |

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| **轉介者資料【如有】** | [ ]  **Referral Agency 轉介機構**：      |
| Name of Referrer 轉介機構負責職員姓名：      | Post職位：[ ]  OT 職業治療師 [ ]  PT 物理治療師 [ ]  NS 護士 [ ]  SW 社工 [ ]  WW 福利工作員 [ ]  Other, please specify 其他，請註明：       |
| **[ ]  Name of other contact person 其他聯絡人姓名：**       | Relationship with the Service User 與服務使用者關係：       |
| **Tel.電話**：       | **Fax. 傳真**：       | **Email電郵**：       |

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| **服務使用者補充資料【如適合】** | **Diagnosis診斷**： | **Cognitive Level 認知程度**： |
|       | Understand能夠明白 | [ ]  general Instructions一般指示 |
| [ ]  limited instructions有限指示 |
| **Medical Notes 醫療備註**：[ ]  Seizure Disorder 腦癇症 [ ]  Hx of Pressure Sore 壓瘡 [ ]  Hx of Skin Allergy 皮膚敏感 [ ]  Hx of Operation 曾做手術[ ]  Infectious/Contagious Disease, please specify 傳染病，請註明：       [ ]  Others, please specify 其他，請註明：       |
| **Basic Abilities基本能力**： |
| Transfer 體位轉移： | [ ]  Use Hoist/2ppl assisted 吊機/二人扶抱 | [ ]  With assistance需他人協助 | [ ]  Independent獨立完成 |
| Toileting 如廁能力： | [ ]  Incontinence 失禁 | [ ]  Use urinal 使用便器 | [ ]  Independent獨立完成 |
| Mobility ability 活動能力： | Indoor 室內 | [ ]  With assistance需他人協助 | [ ]  Independent獨立完成 |
| Outdoor 戶外 | [ ]  With assistance需他人協助 | [ ]  Independent獨立完成 |
| Remarks 備註：      |
| ***Current Seating*** *(filled by Therapist)：* |
| W/C base： | [ ]  Standard W/C | [ ]  Push-chair | [ ]  Reclining | [ ]  Tilt-in-space | [ ]  One-arm Drive |
| [ ]  Power W/C | [ ]  Joy-stick control | [ ]  Other control (please specify) ： |  |
| Seating system： | [ ]  No seating system  | [ ]  Other seating system or seat cushion：      |
| [ ]  JCRSSC\* seating system. Order no. (If any)：      |

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| **服務使用者財政狀況** | [ ]  | on CSSA 領取綜緩 <CSSA no.綜援編號:      >Field unit responsible staff 保障部負責職員：      Tel.聯絡電話：     (請提供相關証明文件及填妥附件《收集個人資料之前致申請者的通知書》回條)  | Office Use 中心用 |
| 查核日期：\_\_\_\_\_\_\_\_\_\_\_\_ |
| [ ]  | service fee shall be paid by applicant 相關費用由服務使用者自行繳付 |
| [ ]  | will apply HKJC community project fund for fee subsidy. 有意申請《賽馬會社區計劃基金 服務費用資助》# |
| [ ]  | will / has appl(ied) other funding, please specify：      考慮／已申請其他資助，請註明：      |
| [ ]  | To be decided 待定 |

\* Jockey Club Rehabilitation Seating Service Centre # please contact our Centre for more details 請向本中心索取申請資料