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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