



基督教香港信義會  
沙田/東新界改善家居及社區照顧服務

個人健康變化情況報告(LR)

[EH]新 ICP 時段：\_\_\_\_\_至\_\_\_\_\_

使用者姓名：\_\_\_\_\_ ○男 ○女 檔案編號：\_\_\_\_\_ [IH]變化情況：\_\_\_\_\_  
受損程度：○[IH]輕度 ○中度 ○嚴重 ☒ [IH]殘疾 發生日期：\_\_\_\_\_ 獲悉事件日期：\_\_\_\_\_

<b>Fall related injuries</b> Time of fall: ○AM ○PM	○a1. Fall resulting from illness/ Medication ○a2. Poor balance/ Limb weakness ○a3. Accident/ Environment hazard ○a4. Others (please specify) _____ Fall location: ○Bedroom ○Kitchen ○Balcony ○Toilet ○Living room ○Outdoor ○Others: _____
<b>New Skin Breakdown</b>	○b1. Trauma (e.g. skin tears) / Ulcers ○b2. Diabetic neuropathy ○b3. Bed sore/ Pressure sore ○b4. Injuries/ Wound ○b5 Others (please specify e.g. Eczema, Blister, Poor hygiene, etc.) _____
<b>Unplanned admission to hospitals</b>  入院日期：_____ 出院日期：_____ 獲悉出院：_____ 首次家訪：_____	○c1. Fever / Dizziness / Unconscious / General Weakness ○c2. Heart /Vascular problems / Hypertension /Stroke / <b>Coronary artery disease</b> ○c3. Vomit/Diarrhea/Gastric Ulcer (including any epigastric discomfort) ○c4. Epilepsy / Convulsion ○c5. Hypoglycemia / Low Blood Pressure / Anaemia ○c6. Pain (e.g. Abdominal Pain, Back Pain, Joint/Bone Pain, Arthritis, gastric ulcer) ○c7. Fall-related injuries / <b>Fracture</b> ○c8. Respiratory / Chest problems (e.g. Shortness of Breath,COAD,Pneumonia,Dyspnoea) ○c9. Acute psychiatric / psychological outbreak ○c10. Urinary Tract Infection (UTI) / Renal failure / Foley problem / Prostate Hypertrophy ○c11. Others (please specify e.g. Constipation, Cancer, Oedema, Hyperglycemia etc.) _____
<b>Infection</b>	○d1. Wound Infection/Skin Infection ○d2. Urinary Tract Infection ○d3. Lower Respiratory Tract Infection/ Pneumonia/Chest Infection ○d4. Others (please specify e.g. Foley Infection, Peritonitis, Tenckhoff Infection etc.) _____
<b>[IH] Weight loss of more than 5%</b>	○e1. Cancer ○e2. Poor appetite ○e3. Others (please specify) _____
<b>[IH] Calls for out-of-hour emergency support</b>	○f1. Domestic Accidents ○f2. Acute Health Problems ○f3. Others (please specify) _____
<b>[EH] Unexpected death</b>	○Cases where no special observation is noted during the previous visit prior to the user's death

跟進/治療：

[IH]預防措施：

[IH]成效：



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填表人：	_____ ( _____ )	職位：	_____	日期：	_____
個案經理：	_____ ( _____ )	職位：	_____	日期：	_____
服務/中心主任：	_____	服務/中心主任：	_____	日期：	_____