

職員姓名 (Staff name) : _____

職員編號 (Staff no.) : _____

Profession: Physiotherapy (PT) Occupational Therapy (OT) Speech Therapy (ST)
 Dietetics and Nutrition (DN)

客戶姓名 Client Name	醫院及床號/家居地址 Hospital & Bed No./ Home Address

日期 Date	到達時間 Arrival Time	離開時間 Departure Time	職員簽署 Staff Signature	主管/病人/親屬簽署 Signature: In-charge/ Patient/ Relatives

健康狀況 (Health Condition)																			
診斷 Diagnosis																			
清醒程度 Conscious level	清醒(Alert) / 對聲音回應(Verbal) / 對痛回應(Pain) / 昏迷(Unconscious)																		
病歷 Medical history	藥物/食物敏感(Drug/Food allergy):																		
	<table border="1"> <tr> <td>糖尿病(DM)</td> <td><input type="checkbox"/></td> <td>高血壓(Hypertension)</td> <td><input type="checkbox"/></td> <td>心臟病(Heart Disease)</td> <td><input type="checkbox"/></td> </tr> <tr> <td>肺結核(TB)</td> <td><input type="checkbox"/></td> <td>哮喘(Asthma)</td> <td><input type="checkbox"/></td> <td>肝炎(Hepatitis)</td> <td><input type="checkbox"/></td> </tr> <tr> <td>中風(Stroke)</td> <td><input type="checkbox"/></td> <td>精神疾病(Psychiatric illness)</td> <td><input type="checkbox"/></td> <td> </td> <td> </td> </tr> </table>	糖尿病(DM)	<input type="checkbox"/>	高血壓(Hypertension)	<input type="checkbox"/>	心臟病(Heart Disease)	<input type="checkbox"/>	肺結核(TB)	<input type="checkbox"/>	哮喘(Asthma)	<input type="checkbox"/>	肝炎(Hepatitis)	<input type="checkbox"/>	中風(Stroke)	<input type="checkbox"/>	精神疾病(Psychiatric illness)	<input type="checkbox"/>		
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其他(Others):																			
手術(Operation):																			
現時使用之藥物/覆診 Current drugs/Follow-up																			

評估 (Assessment):	
活動能力 Physical activity	<input type="checkbox"/> 卧床 Bed-bound <input type="checkbox"/> 需協助 Assistant <input type="checkbox"/> 自理 Independent
昏迷指數 GCS	[E: /4] [V: /5] [M: /6] [Total: /15]

治療計劃(Treatment plan) / 進度(Progress)

生命表徵 (Vital Signs)

日期 Date/	時間 Time	體溫 Temp	血壓 BP	脈搏 Pulse	呼吸 RR	血氧 SpO ₂	血糖 H'stix
YYYY-MM-DD	HH:MM	(°C)	(mmHg)	(min)	(min)	(%) RA/O ₂	(mmol/L)

評估(Evaluation) - 提供的治療護理 (Treatment Provided)

專業意見(Professional Recommendation) / 跟進(Follow-up) / 備註(Remark)

職員姓名 (Staff name): _____

簽署 (Signature): _____

備註(Remark):

- 1) 提供護理服務給家居客戶時必須填寫此工作進度記錄表 Report must be completed when providing healthcare service to individual clients
- 2) 完成服務後，須於截數日(每月的15號及30號)後3天內將此記錄電郵到info@life-extension.com.hk 給本公司，你亦可傳真至 3753 5133 或 WhatsApp 到客戶服務部。
Report must be sent to info@life-extension.com.hk, or faxed to 3753 5133, or WhatsApp to customer service representative within three (3) days after the cut-off day (15th and 30th of each month)
- 3) 一般查詢(General enquiry) 電話(Tel): (+852) 2790 7290
- 4) 通過提交此工作進度記錄表，即表示該治療護理人員確認所填寫上列的資料真確及完整，在治療過程中亦沒有發生任何不良事故，而客戶亦滿意其服務表現。
By submitting this Progress Report, the healthcare agent certifies that the information contained herein is truthful and complete, that no adverse incidents occurred during the services provided, and that the client(s) was satisfied with the healthcare agent's performance.