附件1：

参保人员入院评估表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 姓名： 性别： 出生年月： 婚姻情况： 住址：  监护人（家属）姓名： 与参保人员关系： 联系电话：  过去史、家族史、手术史、药物过敏史（阳性记录）：   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | T： ℃ | P： 次/分 | | | R： 次/分 | | | | | BP： / mmHg | | | | | 体重： kg | | | 有无皮肤病： 有 无 | | | | | | | | 有无传染病： 有 无 | | | | | | | | | 意识： 清楚 模糊 嗜睡 烦躁 昏迷 | | | | | | | | 表情： 正常 冷漠 痛苦 | | | | | | | | | 记忆力：良好 减退 | | | | | | | | 理解能力：完全理解 部分理解 无法理解 | | | | | | | | | 视力：良好 | 左： | 模糊 | | | | 左： | | 表达能力：清晰表达 含糊表达 不能表达 | | | | | | | | | 右： | 右： | | | 听力：正常 | 左： | 减退 | | | | 左： | | 严重减退： | | 左： | | 情绪：低落 正常 亢奋 | | | | | 右： | 右： | | 右： | | | 行为症状：游荡 言语粗鲁 行为粗鲁 破坏性行为 多疑 | | | | | | | | | | 睡眠：正常 入睡困难 早醒 药物辅助睡眠 | | | | | | | 大便：正常 便秘 腹泻 失禁 小便：尿频 尿急 尿痛 尿中断 食欲：正常 亢进 下降 穿衣：可独立完成 需部分帮助 需极大帮助或完全依赖他人 洗漱：可独立完成 需他人帮助 | | | | | | | | | | | | | | | | | 咀嚼困难：有 无 | | | 吞咽困难：有 无 | | | | | 自主能力：全部自理 协助 偏瘫 全瘫 | | | | | | | | | 活动能力：自行下床活动 坐椅子 卧床自行翻身 辅助翻身 | | | | | | | 肌力：0级Ⅰ级 Ⅱ级 Ⅲ级 Ⅳ级 Ⅴ级 | | | | 上 | | 左： | 下 | 左： | | 右： | 右： | | 全身营养状况：良好 中等 不良 肥胖 消瘦 恶病质 | | | | | | | | 皮肤黏膜：正常 黄染 紫绀水肿 潮红 | | | | | | | | | 口腔：正常 溃疡 假膜 | | | | | | | | 伸舌：正常 左偏 右偏 | | | | | | | | | 鼻唇沟：正常 左变浅 右变浅 | | | | | | | | 牙龈：正常 红肿 出血 溃疡 | | | | | | | | | 牙：义齿 缺齿 | | | | | 导管情况：无 胃管 气管 鼻导管 导尿管通畅不通畅 | | | | | | | | | | | | 褥疮： 无 部位： 大小： x cm 深度： | | | | | | | | 来护理院前居住地址： 家庭 老年公寓 护理院 医院 其他 | | | | | | | | | 本次入院目的： 医疗护理 出院后康复护理 临终关怀 | | | | | | | | | | | | | | | | | 有无服用精神类药物： 有 无 | | | | | | | | | | | | | | | |   其他情况：  患者家属需求：  评估结果：暂不收治入院治疗 收治本院治疗 建议转送上级护理院或医院治疗 |

对以上内容已知晓 评估人员：

患者或被授权人签字：

日期：

年 月 日