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| **中站区70岁以上老人信息筛查及简易评估表** | | | | | | | | | | | | | | | | | | | | | | | |
| 姓名 | | |  | | | 性别 | | | □ 男□ 女 | | | | | 出生年月 | | |  | | 民族 | | | |  |
| 户籍所在地 | | |  | | | | | | | 现居住地 | | | | | |  | | | | | | | |
| 身份证号 | | |  | | | | | | | | 联系电话 | | | | |  | | | | | | | |
| 老人类别 | | | □普通老人 □低保老人 □三无老人 □伤残老人  □重点优抚老人 □失独或独生子女残疾老人  □单身独居老人 □空巢老人 □半失能老人 □失能老人  □党员 □劳模 □归侨 | | | | | | | | | | | | | | | | | | | | |
| 婚姻状态 | | | □未婚 □已婚 □离婚 □ 丧偶 | | | | | | | | | | | | | | | | | | | | |
| 文化程度 | | | □文盲 □小学 □初中  □高中 □中专 □大专  □本科 □研究生 □博士 | | | | | | | | | | | | | | | | | | | | |
| 劳模级别 | | | □区级 □市级 □省级 □全国 | | | | | | | | | | | | | | | | | | | | |
| **生活居住状况及社会关系** | | | | | | | | | | | | | | | | | | | | | | | |
| 居住情况 | | □独自居住 □与配偶合住 □与子女合住 □与亲友合住 □其他 | | | | | | | | | | | | | | | | | | | | | |
| 居住楼层 | | |  | | | 是否有电梯 | | | | □有 □无 | | | | | | | | | | | |
| 经济来源 | | □自力 □退休/养老金 □子女供养  □救济优抚 □政府救助 □亲友资助 □其他 | | | | | | | | | | | | | | | | | | | | | |
| 医疗费用支付方式 | | □城镇职工基本医疗保险 □城镇居民基本医疗保险  □新型农村合作医疗 □商业医疗保险  □全公费 □全自费 其他 | | | | | | | | | | | | | | | | | | | | | |
| 配偶姓名 | |  | | | | | 配偶身份证号码 | | | | | |  | | | | | 配偶电话 | |  | | | |
| 紧急联系人姓名 | | | |  | | | 紧急联系人电话 | | | | | |  | | | | | 和老人关系 | | |  | | |
| **简易能力评估** | | | | | | | | | | | | | | | | | | | | | | | |
| **吃饭** | 是否可以独立吃饭 | | | | | | □是 □否 | | | | | | **穿衣** | | 是否可以独立穿衣 | | | | | | | □是 □否 | |
| **上下床** | 是否可以独立上下床 | | | | | | □是 □否 | | | | | | **上厕所** | | 是否可以独立上厕所 | | | | | | | □是 □否 | |
| **室内走动** | 是否可以独立室内走动 | | | | | | □是 □否 | | | | | | **洗澡** | | 是否可以独立洗澡 | | | | | | | □是 □否 | |
| **结论** | | □自理 □半自理 □失能 另：失能老人是否有专人照料：□有 □无 | | | | | | | | | | | | | | | | | | | | | |