Org老人养护中心 个案基本资料表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 | | Name | | | | 性别 | | | Sex | | | | 出生日期 | | Brithdate | | | | | |
| 收案编号 | | ResidengNo | | | | 身分证字号 | | | IdNo | | | | 补助单位 | | SubsidyUnit | | | | | |
| 个案来源 | | SOURCETYPE | | | | 服务类型 | | | servicetype | | | | 缴费类型 | |  | | | | | |
| 通讯地址 | | CAddress1 | | | | | | | | | | | 电 话 | | ContactPhone | | | | | |
| 户籍地址 | | CAddress2 | | | | | | | | | | | 电子邮件 | | Email | | | | | |
| 入住日期 | | InDate | | | | | 楼层/房间 | | | | | | Living | | | | | | | |
| 目前动态 | | StateFlag | | | | | 目前动态说明 | | | | | | StateReason | | | | | | | |
| 教育程度 | | Education | | | | | 婚姻状况 | | | | | | MerryFlag | | | 宗教信仰 | | | ReligionCode | |
| 证明文件 | | PROCDOC | | | | | | | | | | | | | | 保险状况 | | | INSURANCEDESC | |
| 特殊身份 | | INSMARK | | | | | 专长 | | | Skill | | | | | | | | | | | |
| 语 言 | | Language | | | | | 经历 | | | Experience | | | | | | | | | | | |
| 个案类型 | | CASETYPE | | | | | 真实障别 | | | BOOKTYPE | | | | | | | | | | | |
| 失能程度 | | DISABDEGREE | | | | | 手册障别 | | | Barrier\_2 | | | | | | | | | | | |
| 手册效期 | | EffectiveTime | | | | | 需重新鉴定 | | | ISIdentificationText | | | | 需重新鉴定日期 | | | | DISABILITYEVALDATE | | | |
| 经济状况 | | ECONOMYFLAG | | | | | 特殊习惯 | | | Habit | | | | | | | | | | | |
| 饮食习惯 | | EATHABITS | | | | | 诊断别 | | | ICDDIAGNOSI | | | | | | | | | | |
| 健康状况(病史) | | DISEASEDIAG | | | | | | | | | | | | | | | | | | |
| 已使用辅具 | | AIDTOOLS | | | | | | | | | | | | | | | | | | |
| 目前最迫切需求 | |  | | | | | | | | | | | | | | | | | | | |
| 特定需求 | | requirements | | | | | | | | | | | | | | | | | | |
| 家系图 | | | | Genogram | | | | | | | 照片 | | | | | | photo | | | |
| 家庭与联络人数据 | | | | | | | | | | | | | | | | | | | | |
| 姓 名 | 称谓 | | 血缘关系 | | 性别 | | | 电话 | | | | 地 址 | | | | | | | | 职业 |
| 姓 名 | 称谓 | | 血缘关系 | | 性别 | | | 电话 | | | | 地 址 | | | | | | | | 职业 |

主任: 服务人员: 纪录人员: