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|  | **健康評估前測報告** | | | | | | | | | | | | | | | | |  | |
|  | **基本資料** | | |  |  | 測驗日期 | {d.answer.date.year} | | 年 | {d.answer.date.month} | | 月 | | {d.answer.date.day} | | 日 |  | |
|  | 姓名： | | | {d.user.chinese\_name} | | 性別： | | {d.user.gender} | | | |  | |  |  | |  | |
|  | 生日： | | | {d.user.birth\_date} | | 年齡： | | {d.user.age} | | | |  | |  |  | |  | |
|  | 身高： | | | {d.user.height} | 公分 | 體重： | | {d.user.weight} | | 公斤 | | | |  |  | |  | |
|  | BMI： | | | {d.answer.bmi} |  |  | |  | |  | |  | |  |  | |  | |
|  | **總分：** | | | {d.answer.GpFSummary} |  |  | |  | |  | |  | |  |  | |  | |

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|  | 認知 |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  | |  |  |  |  |  | |  |  |  |  | |  |  | {d.answer. GpATotal} |  | |
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|  | 肌力 |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  | |  |  |  |  |  | |  |  |  |  | |  |  | {d.answer. GpBTotal} |  | |
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|  | 生活功能 |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  | |  |  |  |  |  | |  |  |  |  | |  |  | {d.answer. GpCTotal} |  | |
|  |  |  | | | | |  | | | | | |  | | | | |  | | | | | |  | | | | |  | | | | |  | |
|  | 營養口牙 |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  | |  |  |  |  |  | |  |  |  |  | |  |  | {d.answer. GpDTotal} |  | |
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|  | 心理社會 |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  | |  |  |  |  |  | |  |  |  |  | |  |  | {d.answer. GpETotal} |  | |
|  |  |  | | | | |  | | | | | |  | | | | |  | | | | | |  | | | | |  | | | | |  | |
|  | 列印日期：{d.date.year}年 {d.date.month}月{d.date.day}日 時間：{d.time} | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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{bindColor(#d9e2f3,#hexa) = d.color}