頁籤

|  |  |
| --- | --- |
| Title | 標題 |
| PrintOnchange | 僅有值才列印內容 |

行

區塊 Block

|  |  |
| --- | --- |
| Width | 寬度 |

表格 Grid

|  |  |
| --- | --- |
| Border | 顯示框線 |
| Title | 標題 |
| Columns |  |
| ColumnsWidth |  |

文字 Label

|  |  |
| --- | --- |
| Text | 文字 |
| Name | 名稱 |

輸入格 Textbox, Numbox

|  |  |  |
| --- | --- | --- |
| Title | 標題 |  |
| DefaultValue | 預設值 |  |
| Width | 寬度 |  |
| Name | 名稱 |  |
| Hide | 隱藏 |  |
| Readonly | 唯讀 |  |
| Required | 必填 |  |
| NoClear | 不清空 |  |
| MaxValue | 最大值 |  |
| MinValue | 最小值 |  |
| AbnMaxValue | 異常值上限 |  |
| AbnMinValue | 異常值下限 |  |

輸入格 Textbox, Numbox

|  |  |  |
| --- | --- | --- |
| Title | 標題 |  |
| DefaultValue | 預設值 |  |
| Width | 寬度 |  |
| Name | 名稱 |  |
| Hide | 隱藏 |  |
| Readonly | 唯讀 |  |
| Required | 必填 |  |
| NoClear | 不清空 |  |
| MaxValue | 最大值 |  |
| MinValue | 最小值 |  |
| AbnMaxValue | 異常值上限 |  |
| AbnMinValue | 異常值下限 |  |

日期 Date, Rocdate

|  |  |
| --- | --- |
| Title | 標題 |
| DefaultValue | 預設值 |
| Width | 寬度 |
| Name | 名稱 |
| Hide | 隱藏 |
| Readonly | 唯讀 |
| Required | 必填 |
| NoClear | 不清空 |

時間 Time, Time24

|  |  |
| --- | --- |
| Title | 標題 |
| DefaultValue | 預設值 |
| Width | 寬度 |
| Name | 名稱 |
| Hide | 隱藏 |
| Readonly | 唯讀 |
| Required | 必填 |
| NoClear | 不清空 |

單選 Radio

|  |  |
| --- | --- |
| Name | 名稱 |
| Value | 值 |
| Text | 文字 |
| Hide | 隱藏 |
| Selected | 預設選取 |
| Required | 必填 |
| ValueA | 數值A |
| ValueB | 數值B |
| ValueC | 數值C |

多選 Checkbox

|  |  |
| --- | --- |
| Name | 名稱 |
| Text | 文字 |
| Hide | 隱藏 |
| Checked | 預設勾選 |
| CheckedValueA | 選取數值A |
| CheckedValueB | 選取數值B |
| CheckedValueC | 選取數值C |
| UncheckValueA | 未選取數值A |
| UncheckValueB | 未選取數值B |
| UncheckValueC | 未選取數值C |

下拉選單 Dropdown

|  |  |
| --- | --- |
| Title | 標題 |
| Name | 名稱 |
| Width | 寬度 |
| DefaultValue | 預設值 |
| Hide | 隱藏 |
| Required | 必填 |
| NoClear | 不清空 |
| Options | 選項 |

選項清單 Selector

|  |  |
| --- | --- |
| Title | 標題 |
| Name | 名稱 |
| Width | 寬度 |
| DefaultValue | 預設值 |
| Hide | 隱藏 |
| Required | 必填 |
| NoClear | 不清空 |
| Options | 選項 |

多行文字 Textarea

|  |  |
| --- | --- |
| Title | 標題 |
| DefaultValue | 預設值 |
| Name | 名稱 |
| Hide | 隱藏 |
| Readonly | 唯讀 |
| Required | 必填 |
| NoClear | 不清空 |

繪圖區

|  |  |
| --- | --- |
| Title | 標題 |
| Name | 名稱 |
| Hide | 隱藏 |
| Required | 必填 |

圖片

|  |  |
| --- | --- |
| Name | 名稱 |
| Height | 高度 |
| Width | 寬度 |

簽章 Sign

|  |  |
| --- | --- |
| Title | 標題 |
| Name | 名稱 |
| Required | 必填 |



|  |  |
| --- | --- |
| [ObjGen - Live JSON Generator](http://www.objgen.com/json) | |
| Page  rows[0]  row[0]  Type=Textbox  Title=姓名  Required=true  Width=24  name=textbox001  rows[1]  row[0]  Type=Textbox  Title=身分證號  Required=true  Width=24  name=textbox002  rows[2]  row[0]  Type=Textbox  Title=性別  Required=true  Width=24  name=textbox003  rows[3]  row[0]  Type=Textbox  Title=聯絡電話  Required=true  Width=24  name=textbox004  rows[4]  row[0]  Type=Textbox  Title=病歷號  Required=true  Width=24  name=textbox005  rows[5]  row[0]  Title=出生日期  Type=Rocdate  Required=true  Width=24  name=textbox006  rows[6]  row[0]  Title=諮商日期  Type=Rocdate  Required=true  Width=24  name=textbox007  rows[7]  row[0]  Text=起  Type=Label  Width=2  row[1]  Type=Time24  Required=true  Width=8  name=textbox008  row[2]  Text=迄  Type=Label  Width=2  row[3]  Type=Time24  Required=true  Width=8  name=textbox009 | {  "Page": {  "rows": [  {  "row": [  {  "Type": "Textbox",  "Title": "姓名",  "Required": "true",  "Width": "24",  "name": "textbox001"  }  ]  },  {  "row": [  {  "Type": "Textbox",  "Title": "身分證號",  "Required": "true",  "Width": "24",  "name": "textbox002"  }  ]  },  {  "row": [  {  "Type": "Textbox",  "Title": "性別",  "Required": "true",  "Width": "24",  "name": "textbox003"  }  ]  },  {  "row": [  {  "Type": "Textbox",  "Title": "聯絡電話",  "Required": "true",  "Width": "24",  "name": "textbox004"  }  ]  },  {  "row": [  {  "Type": "Textbox",  "Title": "病歷號",  "Required": "true",  "Width": "24",  "name": "textbox005"  }  ]  },  {  "row": [  {  "Title": "出生日期",  "Type": "Rocdate",  "Required": "true",  "Width": "24",  "name": "textbox006"  }  ]  },  {  "row": [  {  "Title": "諮商日期",  "Type": "Rocdate",  "Required": "true",  "Width": "24",  "name": "textbox007"  }  ]  },  {  "row": [  {  "Text": "起",  "Type": "Label",  "Width": "2"  },  {  "Type": "Time24",  "Required": "true",  "Width": "8",  "name": "textbox008"  },  {  "Text": "迄",  "Type": "Label",  "Width": "2"  },  {  "Type": "Time24",  "Required": "true",  "Width": "8",  "name": "textbox009"  }  ]  }  ]  }  } |



|  |  |
| --- | --- |
| [ObjGen - Live JSON Generator](http://www.objgen.com/json) | |
| Page  rows[0]  row[0]  Type=Label  Text=壹、意願人心智缺陷和自願參與評估  rows[1]  row[0]  Type=Grid  ColumnsWidth=2,22  Columns[0]  Columns[1]  Column[0]  Name=Checkbox001  Text=意願人經預立醫療照護諮商人員評估，確認具意思表示能力。  Type=Checkbox  Column[1]  Name=Checkbox002  Text=確認意願人為出於自願參與預立醫療照護諮商。  Type=Checkbox  rows[2]  row[0]  Type=Label  Text=貳、意願人有無配偶或二等親評估  rows[3]  row[0]  Type=Grid  ColumnsWidth=2,22  Columns[0]  Columns[1]  Column[0]  Text=1.意願人有無配偶或二親等至少一人參與諮商  Type=Label  Column[1]  Type=Dropdown  Options  a=a  b=b  c=c  Width=4  rows[4]  row[0]  Type=Grid  ColumnsWidth=2,22  Columns[0]  Columns[1]  Column[0]  Text=2.二等親身分  Type=Label  Column[1]  Type=Dropdown  Options  a=a  b=b  c=c  Width=8  Column[2]  Text=、  Type=Label  Column[3]  Type=Dropdown  Options  a=a  b=b  c=c  Width=8  Column[4]  Type=Dropdown  Options  a=a  b=b  c=c  Width=8  Column[5]  Text=、  Type=Label  Column[6]  Type=Dropdown  Options  a=a  b=b  c=c  Width=8  rows[5]  row[0]  Type=Grid  ColumnsWidth=2,22  Columns[0]  Columns[1]  Column[0]  Text=3.無二親等餐與諮商原因為:  Type=Label  Column[1]  Name=Selector001  Type=Selector  Options  1=單親無親屬  2=聯繫困難  3=特殊事由  Width=8  Column[2]  Name=Sign001  Type=Sign  Title=簽名  rows[6]  row[0]  Type=Grid  ColumnsWidth=2,22  Columns[0]  Columns[1]  Column[0]  Name=textarea001  Title=特殊事由說明:  Type=Textarea  rows[7]  row[0]  Type=Label  Text=參、意願人有無醫療委任代理人評估 | {  "Page": {  "rows": [  {  "row": [  {  "Type": "Label",  "Text": "壹、意願人心智缺陷和自願參與評估"  }  ]  },  {  "row": [  {  "Type": "Grid",  "ColumnsWidth": "2,22",  "Columns": [  **null**,  {  "Column": [  {  "Name": "Checkbox001",  "Text": "意願人經預立醫療照護諮商人員評估，確認具意思表示能力。",  "Type": "Checkbox"  },  {  "Name": "Checkbox002",  "Text": "確認意願人為出於自願參與預立醫療照護諮商。",  "Type": "Checkbox"  }  ]  }  ]  }  ]  },  {  "row": [  {  "Type": "Label",  "Text": "貳、意願人有無配偶或二等親評估"  }  ]  },  {  "row": [  {  "Type": "Grid",  "ColumnsWidth": "2,22",  "Columns": [  **null**,  {  "Column": [  {  "Text": "1.意願人有無配偶或二親等至少一人參與諮商",  "Type": "Label"  },  {  "Type": "Dropdown",  "Options": {  "a": "a",  "b": "b",  "c": "c"  },  "Width": "4"  }  ]  }  ]  }  ]  },  {  "row": [  {  "Type": "Grid",  "ColumnsWidth": "2,22",  "Columns": [  **null**,  {  "Column": [  {  "Text": "2.二等親身分",  "Type": "Label"  },  {  "Type": "Dropdown",  "Options": {  "a": "a",  "b": "b",  "c": "c"  },  "Width": "8"  },  {  "Text": "、",  "Type": "Label"  },  {  "Type": "Dropdown",  "Options": {  "a": "a",  "b": "b",  "c": "c"  },  "Width": "8"  },  {  "Type": "Dropdown",  "Options": {  "a": "a",  "b": "b",  "c": "c"  },  "Width": "8"  },  {  "Text": "、",  "Type": "Label"  },  {  "Type": "Dropdown",  "Options": {  "a": "a",  "b": "b",  "c": "c"  },  "Width": "8"  }  ]  }  ]  }  ]  },  {  "row": [  {  "Type": "Grid",  "ColumnsWidth": "2,22",  "Columns": [  **null**,  {  "Column": [  {  "Text": "3.無二親等餐與諮商原因為:",  "Type": "Label"  },  {  "Name": "Selector001",  "Type": "Selector",  "Options": {  "1": "單親無親屬",  "2": "聯繫困難",  "3": "特殊事由"  },  "Width": "8"  },  {  "Name": "Sign001",  "Type": "Sign",  "Title": "簽名"  }  ]  }  ]  }  ]  },  {  "row": [  {  "Type": "Grid",  "ColumnsWidth": "2,22",  "Columns": [  **null**,  {  "Column": [  {  "Name": "textarea001",  "Title": "特殊事由說明:",  "Type": "Textarea"  }  ]  }  ]  }  ]  },  {  "row": [  {  "Type": "Label",  "Text": "參、意願人有無醫療委任代理人評估"  }  ]  }  ]  }  } |