附件7

安徽省残疾人基本型辅助器具适配补贴申请审批表

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 申请人姓名 |  | 残疾类别 | 视力□　听力□　肢体□　智力□　精神□（多 重 残 疾 可多 选） | 残疾等级 | 一级□　二级□三级□　四级□　 未定级□ |
| 残疾人证/身份证号 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 性 别 |  | 家庭地址 |  |
| 联系人 |  | 联系电话 |  |
| 申请适配辅具项目 |  | 辅具名称 | 数量 | 申请（代理）人签字 |
| 1 |  |  |  年 月 日 |
| 2 |  |  |
| 3 |  |  |
| 乡镇(街道)残联初审意见 | 审核人意见：  签字（公章）： 年 月 日  |
| 县(市、区)残联复审意见 | 审核人意见：  签字（公章）： 年 月 日  |

附件8

肢体辅具评估适配表

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 姓 名 |  | 性别 | 男□ 女□ | 出生日期 |  |
| 既往辅具名称 |  |
| 既往辅具使用情况 |  |
| 目前存在的主要问题 |  |
| 残疾人（包括监护人）对辅具的需求 |  |
| 技术组评估意见 | 辅 具 矫形器 □踝足矫形器 □膝踝足矫形器 □矫形鞋□脊柱矫形器 □手部矫形器假 肢 □大腿假肢 □小腿假肢 □手部假肢 |
| 适配功能目标 |  |
| 本人或监护人（签字）： 技术组（签字）：年 月 日 |

附件9

假肢处方表

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 姓 名 |  | 性 别 | 男 □ 女□ | 出生日期 |  |
| 截肢部位 |  | 截肢时间 |  | 截肢原因 |  |
| 残肢评估 | 残肢形状 | 圆 柱 □ 圆 锥 □ 圆 锤 □ 畸 形 □ |
| 残肢表面 | 疤痕□ 神经瘤□ 囊肿□ 骨刺□ 其他□ |
| 残肢有关症状描述 |  |
| 假肢处方 | 假肢名称： 要 求：   |
| 监护人(签字) |  | 医师(签字) |  |

附件10

矫形器处方表

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 姓 名 |  | 性 别 | 男□女□ | 出生日期 |  |
| 矫形器评估 | 下肢：肌力 左 右 左 右伸髋/外展 屈髋/内收伸膝 屈膝足跖屈 足背屈肌张力 |
| 屈髋肌群（伸、屈）屈膝肌群（伸、屈）足跖屈肌群（伸、屈）本体觉 | 挛缩□L□R挛缩□L□R挛缩□L□R | 紧张□L□R紧张□L□R紧张□L□R | 正常□L□R正常□L□R正常□L□R |
| 髋膝踝趾步态分析： | 良好□L□R良好□L□R良好□L□R良好□L□R | 一般□L□R一般□L□R一般□L□R一般□L□R | 差□L□R差□L□R差□L□R差□L□R |  |
| 其他情况说明： |
| 矫形器处方 | □踝足矫形器（要求 )□膝踝足矫形器（要求 ）□其他矫形器  |
| 监护人(签字) |  | 医师(签字) |  |

附件11

视力辅具评估适配表

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 姓名 |  | 性别 | □男 □女 | 出生日期 |  |
| 医疗机构诊断结果 | □遗传、先天异常或发育障碍 □白内障（术前/术后） □青光眼（术前/术后） □屈光不正 □黄斑部病变（术前/术后） □角膜浑浊 □视神经病变 □脑外伤 □眼外伤 □视网膜色素膜病变 □视网膜脱离（术前/术后） □弱视 □外伤 □中毒 □眼球震颤 □ 其他：  |
| 需求评估 |  |
| 目前使用助视器情况 | □无 □有，名称  |
| 视功能评估 | （包括远近视力、最佳矫正视力、屈光度数、中心视野检查、对比敏感度等） |
| 其他评估 | （包括阅读能力测试、定向行走测试等） |
| 适配建议 | 辅具名称 |  |
| 适配目的 |  |
| 评估人： 日期： |

附件12

听力辅具评估适配表

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 姓名 |  | 性别 | □男 □女 | 年龄 |  |
| 听障确诊时间 |  | 首次佩戴助听设备时间 | 左耳 |  |
| 右耳 |  |
| 补偿/重建方式 | 左耳 | □无 □助听器 □人工耳蜗 □其它 | 设备型号 |  |
| 右耳 | □无 □助听器 □人工耳蜗 □其它 |  |
| 听力测试 | 测听方法 □BOA □VRA □PA □PTA |
| 配合程度 □很配合 □一般 □不配合 |
| 测试音 □啭音 □纯音 □窄带噪音 □语音 |
| 听 力 图

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| dB-100102030405060708090100110120 | 125250 500 1000200040008000 Hz

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| 左耳(LeftEar) |

 |  | dB-100102030405060708090100110120 | 125250500 100020004000 8000 Hz

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| 右耳(RightEar) |

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| --- | --- | --- |
| 符号说明 | 未掩蔽 | 加掩蔽 |
| 左右 | 左右 |
| 气导骨导 | XO>< | □］ | △［ |

裸耳平均听阈 裸耳平均听阈 |
| 电生理测试 | 侧别 | 左耳 | 右耳 |
| 频率 | 0.5KHZ | 1KHZ | 2KHZ | 4KHZ | 0.5KHZ | 1KHZ | 2KHZ | 4KHZ |
| 听觉稳态电位测试（ASSR）单位：dBSPL/dBnHL |  |  |  |  |  |  |  |  |
| 目前存在主要需求 |  |
| 适配听力辅具名称 |  |
| 评估人： 评估日期： |

附件13

市（县、区）辅具适配登记汇总表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 序号 | 姓名 | 性别 | 年龄 | 残疾证号 | 联系电话 | 辅具名称 | 数量 | 单位 | 补贴形式（实物/现金） | 辅具机构 | 联系电话 | 本人或监护人签字 | 是否进行宣教 |
| 1 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |  |  |  |  |  |  |

 填表人： 单位盖章：

注：假肢和矫形器单位均为例，一双代表2例。

附件14

辅具产品验收情况表

|  |  |
| --- | --- |
| 供应商名称 |  |
|  厂家联系人： |  厂家联系电话： |
| 序号验收内容 | 产品品名 | 产品型号 | 单位 | 数量 | 产品附加要素 | 与供应商投标文件中的承诺是否一致 | 备注（其它需要说明的内容） |
| 有无产品合格证 | 有无产品说明书 | 有无保修保养卡 |
| 1 |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |

 验收单位（盖章）： 负责人： 联系电话： 填表日期