

Physical handicaps or special needs inventory

肢體障礙或特殊需求清單

Please indicate which of the following type of problems you would (not) be able to consider

請指出下列哪種問題類型你（不）會考慮？

Applicants:

申請人

Date:

日期

Age of the child at the time of the referral:

被收養人推薦時年齡：出生至 ()個月

Willing to adopt twin or sibling:

是否願意收養雙胞胎或手足

Willing to adopt a child with a combination of SN:

是否願意收養多種特殊需求的孩子

	Would consider 會考慮	Would not consider 不考慮	REMARKS 說明
PREMATURITY 早產			
Prematurity < 32 weeks 早產(少於32週)			
Prematurity > 32 weeks 早產(大於32週)			
R.O.P. (Retinopathy of Prematurity) 早產兒視網膜病變			
Temporary neonatal seizures 暫時性新生兒(癲癇)發作			
GENERAL 整體方面			
Diabetes 糖尿病			
Low birth weight(less than 3.85 pounds or in metric 1.75 kg) 出生體重過低(低於1.75公斤)			
DEVELOPMENT 發展方面			
Delay in gross/fine motor development 粗/細動作發展遲緩			Kies een item.
Development delay in general 全面發展遲緩			
SIGHT 視力			
Crossed eye 斜視			

Sightless in one eye 單眼視障			
Missing one eye 失去單眼			
Poor vision, unstable eyesight 視力不佳、視力不穩定			
Totally sightless 完全視障			
HEARING 聽力			
Malformed ear(s) 單(雙)耳畸形			
Partial hearing 部分聽力			
Hearing loss of one ear 單耳聽損			
Total hearing loss 完全聽損			
FACIAL 面部			
Surgically correctable cleft lip 手術可矯正唇裂			
Surgically correctable cleft palate 手術可矯正顎裂			
Cleft lip together with palate 唇裂合併顎裂			
Bilateral cleft lip/palate 兩側唇裂/顎裂			
RESPIRATORY 呼吸系統			
Asthma 氣喘			Kies een item.
Cystic Fibrosis 囊狀纖維化			
CENTRAL NERVOUS SYSTEM 中樞神經系統			
BM who is diagnosed with epilepsy 生母癲癇確診			Kies een item.
Epilepsy, controlled 癲癇, 可控制			Kies een item.
Epilepsy, uncontrolled 癲癇, 無法控制			Kies een item.
Spinal Bifida 脊柱裂			
Cerebral Palsy 腦性麻痺			
ALLERGIES 過敏			
Food allergy(gluts/cow milk) 食物過敏(葡萄糖轉運體 / 牛奶)			
G6PD 葡萄糖-6-磷酸脫氫酶缺乏症(蠶豆症)			
SKIN 皮膚			

Hemangioma 血管瘤			
Mole(congenital melanocytic nevus) 先天性黑色素痣			
Scars 疤痕			
Burn scars 燒傷傷痕			
HEART 心臟			
Heart murmur 心雜音			
(ASD/VSD/Open Duct) 心房中隔缺損/心室中隔缺損 /開放性導管			
Major heart defect(tetralogy of Fallot) 重度心臟缺陷(法洛四聯症)			
ORTHOPEDIC 骨科			
Club foot (one or both sides) 內翻足(單足或雙足)			
Missing fingers/hand/arm. Above or below the elbow. One side / both sides. 手指/手/手臂缺損、手肘以上或以下、單手/雙手			
Missing toe/foot/leg. Above or below the knee. One side / both sides. 腳趾/足部/腿缺損、膝蓋以上或以下、單肢或雙肢			Kies een item.
Webbed fingers or toes 蹼指或蹼趾			
Extra digits (finger, thumb, toe) 多指症(手指頭、拇指、腳趾)			
Congenital (birth) hip defect 先天性髖部缺損			
Combination of orthopedic problems 骨科合併問題			
ORGANS 器官			
Kidney malformations 腎臟畸形			Kies een item.
Enlarged liver/spleen 肝/脾腫大			
Bowel diseases (for example: Hirschprung disease/anal atresia) 腸道疾病(例如：先天性巨結腸/肛門閉鎖)			Kies een item.
INFECTIOUS DISEASES 傳染性疾病			
Tuberculosis 肺結核			
Hepatitis A A型肝炎			
(Possible) carrier of Hepatitis B (可能的)B型肝炎帶病毒者			
Birth mother with Hepatitis B 生母有B型肝炎			

(Possible) carrier of Hepatitis C (可能的)C型肝炎帶病毒者			
Birth mother with Hepatitis C 生母有C型肝炎			Kies een item.
Birth mother who is HIV positive 生母愛滋病毒陽性			
Child who is HIV positive 被收養人愛滋病毒陽性			
BLOOD 血液			
Hemophilia 血友病			Kies een item.
Sikkelcelanemia 鐮刀行貧血症			
Thalassemia minor (trait) 地中海型貧血(輕度)			
Thalassemia major 地中海型貧血(重度)			
MISCELLANEOUS 其他類型			
Albinism 白化症			
Genital malformation (for example Hypospadias) 生殖器畸形(例如尿道下裂)			
SOCIAL BACKGROUND 社會背景			
History of drugs use in pregnancy 生母於孕期使用毒品			
Withdrawal syndrome 戒斷症候群			
History of alcohol use in pregnancy 孕期飲酒			
Fetal alcohol effects 胎兒酒精影響			
FAS 胎兒酒精症候群			
Birth mother who is diagnosed with mental retardation 生母確診智能障礙			
Mental retardation of more than one person in the birth family 原生家庭不只1人有智能障礙			Kies een item.
Birth mother diagnosed with psychiatric illness (depressions, psychosis, schizophrenia) 生母確診精神疾患(憂鬱症、精神病症、思覺失調症)			
No family history(child has been abandoned) 無家庭史(被收養人為棄兒)			
Child has been neglected 被收養人曾遭受疏忽			
Child has been abused (physical/mentally/sexually) 被收養人曾遭受虐待(生理上/心理上/性侵害)			
Child has been conceived as a result of sexual assault(rape/incest) 被收養人為性侵害下受孕(強暴/亂倫)			

I understand that at the time of the referral I will receive all available information about a child and our pediatrician may request further information. After considering all this information, I will decide whether to accept a particular child referred for adoption. I also understand that children may be referred with undiagnosed problems or diseases of which Meiling and the concerned organization in Taiwan is not aware, and that no guarantees can be made about the health of any child.

我了解被收養人資料提供時我將收到所有關於這孩子可得的訊息，同時我們的小兒科醫師可能會詢問進一步資訊，考慮過所有問題之後，我會決定是否接受這個特定的孩子成為養子女。我也了解孩子們可能在被推薦時並未診斷出梅林基金會和台灣相關機構不知道的問題或疾病，並不保證孩子的健康。

Signature of Adoptive Mother: _____
養母簽名

Signature of Adoptive Father: _____
養父簽名

Special Needs Intake Team: 5.1.2e and 5.1.2e
特殊需求接案團隊：

This is to verify that I have discussed/reviewed the contents of this checklist with the adoptive applicant(s).
僅此證明我已經和收養申請人討論/檢視過此表內容。

Signature:
簽名

5.1.2e