附件3

中山市残疾人辅助器具适配评估意见表

评估机构名称：

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 | |  | | 性别 |  | 民族 |  | | 出生年月 |  |
| 身份证号 | |  | | | | 残疾人证号或残疾军人证号 | |  | | |
| 家庭住址 | |  | | | | 监护人  姓名 |  | | 联系  电话 |  |
| 残疾类别 | |  | | 残疾等级 | | 一级□ 二级□ 三级□ 四级□ | | | | |
| 身体功能状况 | 评估情况 | | | | | | | | | |
| 肢体 | |  | | | | | | | |
| 视力 | |  | | | | | | | |
| 听力 | |  | | | | | | | |
| 其它 | |  | | | | | | | |
| 辅助器具  适配建议 | | |  | | | | | | | |
| 备注 | | |  | | | | | | | |
| 评估人签名： 评估机构：（盖章）  年 月 日 | | | | | | | | | | |