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| 附件3-1 | | | | | | |
| 老年人认知障碍筛查摸底表 | | | | | | |
| 加盖章 社区（村） 联系人： 联系电话： | | | | | | |
| **序号** | **姓名** | **年龄** | **身份证号** | **居住地址** | **联系电话** | **类别** |
|
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |
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| 6 |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |
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| 10 |  |  |  |  |  |  |
| 11 |  |  |  |  |  |  |
| 12 |  |  |  |  |  |  |
| 填表说明：1.此表由社区调查工作人员填写； | | | | | | |
| 2.类别指：轻度以上失能、残疾、脑卒中病史、记忆明显下降、有精神方面症状，具体请参照调查摸底范围及统计口径（附件2） | | | | | | |