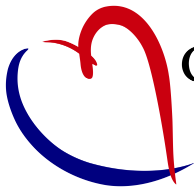

新病人表格

Mr/Mrs/Ms/Miss ____ NHI 住院号__________________
(first) (middle) (surname)

Address ____

DOB 出生日期 ______________________________ Next of Kin 近亲 ______________________________

Phone: Home ______________________________ Relationship 关系______________________________

Phone: Mobile ______________________________ Contact details 联系方式 ______________________

Occupation ______________________________ Medical insurance 医疗保险? ____________________

GP 家庭医生 ______________________________ Policy Number 保单号码 ______________________

我们可以用电邮发送报告給您嗎？ Yes/No
Your email 您的电邮 ____

请列出你的药物

	mg 剂量	morning	noon	dinner	night
		☐	☐	☐	☐
		☐	☐	☐	☐
		☐	☐	☐	☐
		☐	☐	☐	☐
		☐	☐	☐	☐
		☐	☐	☐	☐
		☐	☐	☐	☐

Do you have any allergies 药物过敏? ____

反应？：皮疹？肿胀？呼吸问题？ ____

请列出您的其他病史及手术

Medical problems 病史	Dates	Operations 手术	Dates

Have you experienced? 你有没有? (if so, please describe...)

Chest pain 胸痛	
Shortness of breath 呼吸急促	
Palpitations 心悸	
Dizziness 头晕 / 失去知觉	
Heartburn 胃灼热	

High blood pressure 高血压	Yes ☐ No ☐	How long has it been treated? 治疗了多久?
High cholesterol 高胆固醇	Yes ☐ No ☐	How long has it been treated? 治疗了多久?
Smoking 抽烟	Yes ☐ Ex ☐ Never ☐	每天多少支香烟? 什么时候戒烟? 吸了烟多少年?
Diabetes 糖尿病	Yes ☐ No ☐	For how many years? 诊断了多少年？
Stroke 中风 or TIA 短暂性脑缺血	Yes ☐ No ☐	When?
Family history 家族病史?	Yes ☐ No ☐	Who? At what age was it diagnosed 诊断時的年龄?
Aneurysm 头部，胸部，腹部动脉瘤	Yes ☐ No ☐	When?
Claudication 行走時腿部肌肉疼痛?	Yes ☐ No ☐	Which legs? How far could you walk before stopping 在停止前可以行多远?
Varicose veins 静脉曲张	Yes ☐ No ☐	Which legs? Above or below the knee 高于或低于膝盖?
Alcohol 酒精	Yes ☐ No ☐	How much 多少? How often 多久一次?
Regular exercise 运动	Yes ☐ No ☐	What sort 什么类型? How many days a week 一个星期多少天?