

PATIENT REGISTRATION FORM

病人註冊表格

NAME 中文姓名 _____

ADDRESS 地址 _____

CITY 城市 _____ STATE 州 _____ ZIP 郵號 _____

TELEPHONE 電話 (_____) _____

SINGLE 單身	<input type="checkbox"/>	INSURANCE COMPANY 保險公司 _____
MARRIED 已婚	<input type="checkbox"/>	
DIVORCED 離婚	<input type="checkbox"/>	POLICY NO: 保險單號碼 _____
WIDOWED 鰥寡	<input type="checkbox"/>	
Male 男 <input type="checkbox"/>		INSURANCE ID: 保險單號碼: _____
Female 女: <input type="checkbox"/> Other _____		
DATE OF BIRTH 出生日期: _____		

EMPLOYER 職業/僱主 _____	SSN 社會安全號碼: _____		
BUSINESS ADDRESS 僱主地址 _____	CITY 城市 _____	STATE 州 _____	ZIP 郵號 _____
TELEPHONE (OFFICE) 電話 _____			

SPOUSE/PARENT 配偶/父母 _____ REFERRED BY 介紹您來的 _____

MEDICAL HISTORY

1. What is your major complaint
請述任何不適症狀? _____
- | | YES | NO |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 2. Are you under a physician care now 您現在正接受醫生的治療嗎? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you ever have trouble with prolonged bleeding 您有過流血不止嗎? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you ever had any unusual reaction to any drug or local anesthetic
您對任何藥物或局部麻醉有過敏的現象嗎? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are you taking any kind of medication at this time 您現在有否服用任何藥物? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Please circle any illness you have ever had 請圈出曾有過的疾病: | | |
| Allergies 過敏 Anemia 貧血 Asthma 哮喘 Aids 愛滋病 Diabetes 糖尿 Epilepsy 癲癇
Hepatitis 肝炎 Kidney 腎病 Rheumatic fever 風濕熱 Tuberculosis 肺結核
Heart Problem 心臟病 High Blood Pressure 高血壓 Other 其他: _____ | | |
| 7. Is there any other information about your health which should be known
有其他任何關於您健康的問題應該讓我們知道的嗎? | <input type="checkbox"/> | <input type="checkbox"/> |
| | | |
| 8. Are you pregnant now 您現是否懷孕? | <input type="checkbox"/> | <input type="checkbox"/> |

SIGNATURE 簽名: _____

DATE / 日期: _____