

Medical History Form 醫療病史表

Name姓名: _____ Referring Doctor推薦醫師: _____ Date日期: _____

Current Injury/Condition. 病情現狀: _____

Please check any of the following who you have seen related to this injury/condition:

請圈出您就此病情諮詢過的醫師:

- Primary Care Physician 基礎保健醫師
- Orthopedist 骨科醫師
- Acupuncturist 針灸醫師
- Chiropractor 脊椎醫師
- Physiatrist (PMR) 復健科醫 (PMR)
- Osteopath 整骨醫師
- Massage Therapist 按摩師
- Other 其他: _____

Did you receive previous Physical Therapy for this Condition?

您在此次治療之前是否就該病症就診于其他物理治療醫師?

Yes 是 No 否

Did you have surgery Related to this injury/Condition?您是否就此病症做過手術?

Yes 是 No 否

If yes, Type/Date 如果是, 手術日期是: _____

Was this injury/condition the result of a work related or motor vehicle accident?

此病症是因工或是車禍造成的?

Yes 是 No 否

General Medical History. 醫療病史

Please check any conditions you currently have, or have been diagnosed with in the past.

如果您現在或以前患有以下病症, 請圈出。

- Heart Problems/Surgery. Please specify心臟問題/手術, 請註明: _____
- High Blood Pressure高血壓. If so, controlled with Medications 是否服用 降壓藥: Yes 是 No 否
- Diabetes. 糖尿病。
If so, controlled with控制方式: Medications藥物 Diet節食 Exercise鍛煉 Uncontrolled未控制
- Cancer. 癌症 If so, please specify type and date如果是, 請具體指出癌症類型及日期: _____
- Stroke/TIA. 中風。
If so, please specify date如果是, 請具體指出及日期: _____
- Infectious Disease. 傳染病
If so, please specify如果是, 請註明: _____
- Do you have a pacemaker您是否有心臟起搏器: Yes 是 No 否
- Allergies過敏症狀. If so, please specify如果是, 請註明: _____

__ Joint Replacement.關節置換 If so, please specify type and date如果是，請具體指出類型及日期:

__ Kidney Problems腎臟問題

__ Liver Problems肝臟問題

__ Chemical Dependency (i.e., alcoholism)藥物依賴 (如酗酒)

__ Thyroid Problems甲狀腺問題

__ Arthritis (osteoarthritis)關節炎 (骨關節炎)

__ Rheumatoid Arthritis (類風濕關節炎)

__ Depression抑鬱症

__ Hernia疝氣

__ Osteoporosis/Osteopenia骨質疏鬆

__ Asthma哮喘

__ Vision Difficulties視覺困難

__ Hearing Difficulties聽覺困難

__ High Cholesterol高膽固醇

__ Epilepsy/Seizure Disorder癲癇症

Other surgeries其他手術:

Other medical conditions其他病症:

Are you Pregnant?您是否懷孕? __Yes是 __No否 __N/A情況不適合

__Are you trying to become pregnant?您正準備懷孕嗎__Yes是 __No否 __N/A情況不適合

Do you smoke? 您抽煙嗎? __Yes是 __No否. If yes, how many packs/day?如果是， 每天幾包? _____

Do you drink alcohol? 您喝酒嗎? __Yes是 __No否.

If yes, how many drinks/week?如果是， 每周幾瓶? _____

Medication. 藥物

Please List Type and Dosage of any Medications/Vitamins/Herbs/Supplements you take regularly.

請列出您定期服用的任何藥物/維他命/草藥/保健藥品。

Type類型 _____ Dosage劑量 _____ Type類型 _____ Dosage劑量 _____

Type類型 _____ Dosage劑量 _____ Type類型 _____ Dosage劑量 _____

Type類型 _____ Dosage劑量 _____ Type類型 _____ Dosage劑量 _____

Activities 活動:

Work工作狀況: Are you currently working?您現在有工作嗎? __Yes是 __No否.

If yes, what type of work do you do?如果是, 您的工作類型是什麼 _____

Leisure: Please List any Sports/Recreational/Leisure/Fitness Activities you participate in:

休閒: 請列出您參與的體育/娛樂/休閒/健身活動:

Activity Frequency/Week 每周活動頻率

_____	_____
_____	_____
_____	_____

Patient Signature病患籤名: _____ Date日期: _____

Please provide us with an Emergency Contact請提供緊急聯繫人:

Name姓名: _____ Relation關係: _____

Phone Number(s)電話: _____

Attendance Policy 預約規定

We at City Physical Therapy, P.C. strive to provide the highest level of patient care. In order to provide hands-on time with each patient we reserve time slots for each appointment. **Consistent attendance is the key to recovery.** Physicians generally prescribe 2-3 P.T. visits per week for the best results. Our attendance policy is made to ensure patients receive quality care and the optimal benefits from treatment.

- Please be ready to receive treatment at your scheduled time. If you are late for your appointment, we will need to shorten your session or reschedule your appointment all together.
- We ask that patients give us a minimum of 24hours notice when canceling an appointment. We will work with you to reschedule your appointment in the same business week.
- If you are unable to reschedule in the same business week, and fail to give us 24 hours notice when canceling, we will charge you a \$50 late cancel fee, payable at your next appointment.
- If you have 2 late-cancels or no-shows, we reserve the right to remove any future appointments from our schedule.

我們致力於提供最高水準的病患護理。為了給每位病患提供充分的治療, 每位病患都預先定好時間段。按時和堅持治療對康復很重要。您的醫生一般規定每周2-3次物理治療。我們的預約制度是為了保證病患得到最好的護理和治療。

- 請您在預約的時間準備好接受治療。如果您遲到了, 我們會不得不縮短您的治療時間, 或者重新預約。
- 當您要取消預約時, 請提前24小時或更早通知我們。我們會尽量在同一周內為您安排預約。
- 如果您未能預約在同一周, 或是沒有提前24小時或更早通知我們取消預約, 我們將收取您50美金过晚取消費, 下次治療時收取。
- 如果您有兩次过晚取消預約, 或無取消也不赴約, 我們保留取消您所有預約的權力。
- 突發事件時有發生, 以上條款的實施將考慮突發事件的發生。

I agree to the terms above. 我同意上述條款。

Patient Signature 病患籤名: _____

Date 日期: _____