CITY PHYSICAL THERAPY, PC

Medical History Form 醫療病史表

Name 姓名: _____ Referring Doctor 推薦醫師: _____

CURRENT INJURY/CONDITION 病情現狀

Please briefly describe your current injury/condition
請簡單描述病情現狀: _____

Please check any of the following healthcare providers that you have seen related to this injury/condition
請標明您就此病情諮詢過的醫師:

☐ Primary Care Doctor 家庭醫師 ☐ Orthopedist 骨科醫師 ☐ Physiatrist (PMR) 康復科醫師 ☐ Osteopath 脊骨醫師
☐ Massage Therapist 按摩師 ☐ Chiropractor 整骨醫師 ☐ Acupuncturist 針灸醫師
☐ Other 其他: _____

Have you received previous Physical Therapy for this condition?
您是否就此病情就診於其他物理治療醫師? ☐ Yes 是 ☐ No 否

Have you received surgery for you current injury/condition?
您是否就此病情做過手術? ☐ Yes 是 ☐ No 否

If yes, please indicate the date/type of surgery
如有, 請標明手術日期與手術類型: _____

Was this injury/condition the result of a work related incident or motor vehicle accident?
您的病情是否是由工傷或車禍所引起？ ☐ 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.
請標明您現有或以前有過的病症.

☐ Do you have a pacemaker? 您是否有起搏器? ☐ Yes 是 ☐ No 否

☐ Stroke/TIA 中風 Please specify date 請註明日期: _____
☐ Infectious Disease 傳染病 Please specify 請註明: _____
☐ Allergies 過敏症狀 Please specify 請註明: _____

☐ Joint Replacement 關節置換 Please specify type and date
請註明類型與日期: _____

☐ Cancer 癌症 Please specify type and date diagnosed
請註明類型與診斷日期: _____

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☐ Heart Disease 心臟病
☐ High Blood Pressure 高血壓
☐ Diabetes 糖尿病
☐ Osteoporosis/Osteopenia 骨質疏鬆
☐ Rheumatoid Arthritis 風濕性關節炎
☐ Osteoarthritis 骨關節炎
☐ Thyroid Problems 甲狀腺問題
☐ Liver Problems 肝臟問題
☐ Kidney Problems 腎臟問題
☐ High Cholesterol 高膽固醇
☐ Hearing Difficulties 聽覺困難
☐ Vision Difficulties 視覺困難
☐ Depression 抑鬱症
☐ Asthma 哮喘
☐ Epilepsy/Seizure Disorder 癲癇症
☐ Chemical Dependency (i.e. alcoholism) 藥物依賴 (如酗酒)

☐ 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 不適用
Are you trying to become pregnant? 您是否在備孕? ☐ Yes 是 ☐ No 否 ☐ N/A 不適用

Do you smoke? 您吸菸嗎? ☐ Yes 是 ☐ No 否
If yes, how many packs/day? 如是, 每日幾包? _____

Do you drink alcohol? 您飲酒嗎? ☐ Yes 是 ☐ No 否
If yes, how many drinks/week? 如是, 每週幾杯? _____

MEDICATIONS 藥物

Please list any medications/vitamins/herbs/supplements you take regularly, and the dosage. 請列出您服用的藥物/維他命/草藥/保健品, 及其劑量.

Type 類型: _____ Dose 劑量: _____ Type 類型: _____ Dose 劑量: _____
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RECREATIONAL ACTIVITIES 日常運動

Please indicate the type and frequency of recreational activities that you participate in.
請列出您日常運動的類型與頻率.

Type 類型: _____ Frequency 頻率: _____ Type 類型: _____ Frequency 頻率: _____
Type 類型: _____ Frequency 頻率: _____ Type 類型: _____ Frequency 頻率: _____

EMERGENCY CONTACT 緊急聯繫人

Name 姓名: _____ Relation 關係: _____ Contact 聯繫方式: _____

Patient Signature 患者簽名: _____ Date 日期: _____