

**病人健康问卷 Medical History**

如有以下症状或病历, 请打勾 Past Medical History (Circle all that apply)

- |                          |                              |                             |                          |
|--------------------------|------------------------------|-----------------------------|--------------------------|
| 焦虑症 Anxiety              | 慢性阻塞性肺病 COPD                 | 肝炎 Hepatitis                | 肺癌 Lung Cancer           |
| 关节炎 Arthritis            | 心脏病 Coronary Artery Disease  | 高血压 Hypertension            | 淋巴瘤 Lymphoma             |
| 哮喘 Asthma                | 忧郁症 Depression               | 艾滋病 HIV/AIDS                | 前列腺癌 Prostate Cancer     |
| 心律失常 Atrial Fibrillation | 糖尿病 Diabetes                 | 高胆固醇血症 Hypercholesterolemia | 放射治疗 Radiation Treatment |
| 前列腺增生 BPH                | 末期肾病 End Stage Renal Disease | 甲状腺功能亢进症 Hyperthyroidism    | 癫痫症 Seizures             |
| 乳房癌症 Breast Cancer       | 胃食管反流病 GERD                  | 甲状腺功能减退症 Hypothyroidism     | 中风 Stroke                |
| 大肠癌症 Colon Cancer        | 耳鸣 Hearing Loss              | 血癌 Leukemia                 | 其他 Other: _____          |

手术历史 Past Surgeries: \_\_\_\_\_

以前有没有以下的皮肤病/症状? Skin History (Circle all that apply)

- |                          |                                |                              |                               |
|--------------------------|--------------------------------|------------------------------|-------------------------------|
| 粉刺/青春痘 Acne              | 起泡晒伤 Blistering Sunburns       | 花粉过敏 Hay Fever or Allergies  | 银屑病/牛皮癣 Psoriasis             |
| 光化性角化病 Actinic Keratosis | 干燥皮肤 Dry Skin                  | 黑色素瘤 Melanoma                | 鳞状细胞癌 Squamous Cell Carcinoma |
| 哮喘 Asthma                | 湿疹/异位性皮炎 Eczema                | 毒藤 Poison Ivy                | 其他 Other: _____               |
| 基底细胞皮肤癌 BCC              | 剥落或头皮发痒 Flaking or Itchy Scalp | 癌前痣/发育不良痣 Precancerous Moles | _____                         |

您是否持续使用防晒霜?(Sunscreen) 是YES 不是NO 多少防晒因子SPF: \_\_\_\_\_

家族病历包不包括黑色素癌? Family History of Skin Cancer? 是YES 不是NO

如是, 哪位 If YES, which relative? \_\_\_\_\_

如是, 哪一种? If YES, which type?: 基底细胞皮肤癌 BASAL 鳞状细胞癌 SQUAMOUS 黑色素瘤 MELANOMA 不知道 UNKNOWN

持续用的药物 Are you currently taking any medications? 是YES (请写下来) 不是NO

您有没有药物敏感? Are you allergic to any medications? 是YES (请写下来) 不是NO

疫苗接种 Vaccinations (收到的日期 Date Received): 肺炎 Pneumonia: \_\_\_\_/\_\_\_\_ 流感疫苗 Flu Shot: \_\_\_\_/\_\_\_\_

您是否饮酒? Alcohol Usage: 不喝酒 NONE 少于一天一杯 LESS THAN 1 PER DAY 每天一到两杯 1-2 PER DAY 每天三杯以上 3+PER DAY

抽烟 Smoking Status: 每天抽烟 EVERY DAY 偶尔抽 SOME DAYS 以前抽烟 FORMER SMOKER 从来不抽烟 NEVER SMOKER

身高 Height \_\_\_\_\_ 体重 Weight \_\_\_\_\_

请标记现有的症状或疾病 Please circle any that you currently have (ROS):

- |                                |                              |                                  |                                     |                       |
|--------------------------------|------------------------------|----------------------------------|-------------------------------------|-----------------------|
| 高血压 High Blood Pressure        | 甲状腺疾病 Thyroid Problems       | 哮喘 Asthma/Hay Fever              | 皮疹 Rash                             | 肌肉无力 Musculo weakness |
| 胸痛 Chest Pain                  | 贫血 Anemia                    | 气肿 Emphysema                     | 免疫抑制 Immunosuppression              | 颈部僵硬 Neck stiffness   |
| 心脏病 Heart Attack               | 输血 Blood transfusion         | 全身乏力 Malaise (Feel Sick)         | 盗汗 Night sweats                     | 癫痫发作 Seizures         |
| 呼吸急促 Shortness of breath       | 癌症 Cancer                    | 发烧 Fever or Chills               | 喉咙痛 Sore throat                     | 咳嗽 Cough              |
| 中风 Stroke                      | 多发性硬化症 Mult. Sclerosis/ Numb | 头痛 Headache                      | 视力模糊 Blurry Vision                  | 喘息 Wheezing           |
| 无意减肥 Unintentional Weight Loss | 红斑狼疮 Lupus                   | 唇疱疹 Problems with bleeding       | 腹痛 Abdominal Pain                   | 焦虑 Anxiety            |
| 忧郁症 Depression                 | 关节炎/肌肉痛 Arthritis/Musc. Pain | 皮肤愈合问题 Prob w/ healing           | 便血 Bloody Stool                     |                       |
| 糖尿病 Diabetes                   | 风湿性疾病 Rheumatic Disease      | 疤痕 Problems with scarring        | 血尿 Bloody Urine                     |                       |
| 人工关节 Artificial joints         | 肺结核 Tuberculosis             | 肾问题 Kidney problems              | 稀血药 Blood thinners                  |                       |
| 人工心脏瓣膜 Artificial heart valve  | 艾滋病 AIDS/HIV                 | 牙医使用麻醉药敏感 Lido Allergy           | 耐甲氧西林金黄色葡萄球菌 MRSA                   |                       |
| 起搏器 Pacemaker/defibrillator    | 乙型肝炎或丙型肝炎 Hep B/C            | 胶乳敏感 Allergy to latex            | 肾上腺素引起的心跳加速 Rapid heartbeat w/ opi  |                       |
| 血块 Blood clots                 | 肝问题 Liver problems           | 药膏行抗生素敏感 Antibiotic oint allergy | 怀孕或准备怀孕 Pregnant/Planning pregnancy |                       |