

Name(名字) _____ **Gender(性别) M(男) / F(女)**

DOB(出生日期) _____ **I/C (身份证号码)** _____

Address (住址) _____

Postal Code _____ **Occupation(职业)** _____

Home # (住家电话) _____ **Handphone(手机号码)** _____

Single(单身) Married(结婚) Divorced(离婚) # of Children(孩子人数) _____

How were you referred to our office? _____
 是否有人介绍您来本公司?

Have you ever had Chiropractic care before? _____ **If yes, when?** _____
 您是否曾经有向脊肌神经科求诊过? 如果有, 是几时?

List your main health complaints (请依次序写下您的申诉)。

1. _____ **For how long(多久)?** _____

2. _____ **For how long(多久)?** _____

3. _____ **For how long(多久)?** _____

4. _____ **For how long(多久)?** _____

Have you seen any doctor for these conditions? _____
 您是否就此病症求诊于其他医生过?

Have you had any? 您是否曾经
Y(是) N(否)

- Sport Injuries 运动受伤**
- Car or other accidents 车祸或意外**
- Surgery 手术**

If yes to any of these questions, Please explain 如果是的话, 请列出:

Did you or do you currently: 您曾有过或现在还有:
Y(是)N(否)

- Smoking, how many pack/day? 抽烟, 一天几包? _____**
- Drink alcohol, how many glasses/week? 喝含酒精饮料, 一星期几杯? _____**
- Eat junk foods 吃零食**
- Drink coffee/soft drinks, cups/day? 喝咖啡/汽水, 一天几杯? _____**
- Exercise 运动: 一个星期 _____ times/week 次**
- Sleep long & restfully 足够睡眠及休息**
- Have work stress 工作压力**
- Have home stress 家庭压力**
- Have other stress 其他压力**
- Take drugs (prescriptive or not) 服食药物 (指示或没有)**
- Take vitamins and/or minerals 服食维他命/矿物质**

Do you have or had in the past any trouble with:

您是否有或曾经有过:

Musculoskeletal 肌肉-骨骼

- Muscle Stiffness 肌肉僵硬
- Pain in Upper Arm/Elbow/Wrist 上臂疼痛/手肘疼痛/手腕疼痛
- Pain in Hip & Upper Leg 臀部及大腿部疼痛
- Pain in Lower Leg & Knee 小腿及膝盖疼痛
- Pain in Ankle & Foot 踝部及足部疼痛
- Swelling in Joints 关节浮肿
- Other Joint Pain 其他关节痛
- Neck Pain 颈部疼痛
- Shoulder Pain 肩部疼痛
- Jaw Pain 下颚疼痛
- Upper Back Pain 背上部疼痛
- Arthritis 关节炎
- Low Back Pain 背下部疼痛

Nervous System 神经系统

- Pins & Needles 针刺感觉
- Numbness 麻痹
- Insomnia 失眠
- Fainting 昏
- Dizziness 头晕
- Muscular in Coordination 肌肉不规律
- Tinnitus (ear noise) 耳鸣
- Impaired Vision 视觉损坏
- Paralysis 瘫痪
- Burning Sensation 刺热感觉
- Depression 沮丧感
- Bed Wetting 尿床
- Convulsion 抽筋
- Headache 头痛
- Hearing Loss 失去听觉
- Ear Pain 耳朵疼痛
- Eye Pain 眼部疼痛

Cardiovascular System 心血管系统

- Rapid Heart Rate 心脏加速
- Heart Attack 心脏病
- Heart Palpitations 心悸
- High Blood Pressure 高血压
- Cold & Hot Hands or Feet 手脚冰冷或发热
- Poor Circulation 血液循环不良
- Chest Pain 胸口疼痛
- Stroke 中风
- Angina 心绞痛
- High Cholesterol 高胆固醇

Respiratory 呼吸管

- Sinus problem 鼻窦问题
- Emphysema 气肿
- Chronic Cough 长期咳
- Asthma 哮喘
- Shortness of Breath 不够气

Endocrine System 内分泌系统

- Weight Gain/Loss 体重增加/下降
- Hot Flashes
- Loss of Appetite 没有胃口

Digestive System 消化系统

- Indigestion/Heartburn 消化不良/心灼热感
- Reflux Gas 胃气回流
- Constipation 便秘
- Abdominal Pain 腹部疼痛
- Irritable Bowel Syndrome
- Gall Bladder Problem 胆囊问题
- Black/White Stool 黑/白粪便
- Bloating, Burning 气胀, 刺热
- Diarrhea 腹泻
- Difficult Swallowing 吞食困难
- Ulcer 溃疡

Urinary System 泌尿系统

- Retained Fluid 排便不溜, 有保留
- Painful Urination 排尿疼痛
- Kidney Stone 肾结石
- Bleeding 流血
- Loss of Bladder Control 膀胱失调
- Frequent Urination 频尿
- Bladder Infection 膀胱感染

Reproductive System 生殖系统

- Trouble with Erection or Ejaculation 不举或射精困扰
- Low Fertility 底生育率
- Miscarriage 流产
- Pain during Menses 经痛
- Menopausal Symptoms 更年期征兆
- Testicular Pain 睾丸痛
- Irregularity Menses 经期不规律

Skin 皮肤

- Skin Rashes 皮肤疹
- Eczema 湿疹
- Itchiness 痒
- Acne 粉刺

Other 其他

- Frequent Cold 惯性感冒
- Allergies 敏感
- Flu 伤风
- Cancer 癌症
- Rheumatic Heart Disease 人体免疫缺损病
- Hemorrhoids 痔疮
- Diabetes 糖尿病
- HIV Positive/AIDS 病毒/爱滋病
- Drug or Alcohol Dependency 酒精或药物中毒
- Other Troubles, please specify 其他困扰, 请列明:
