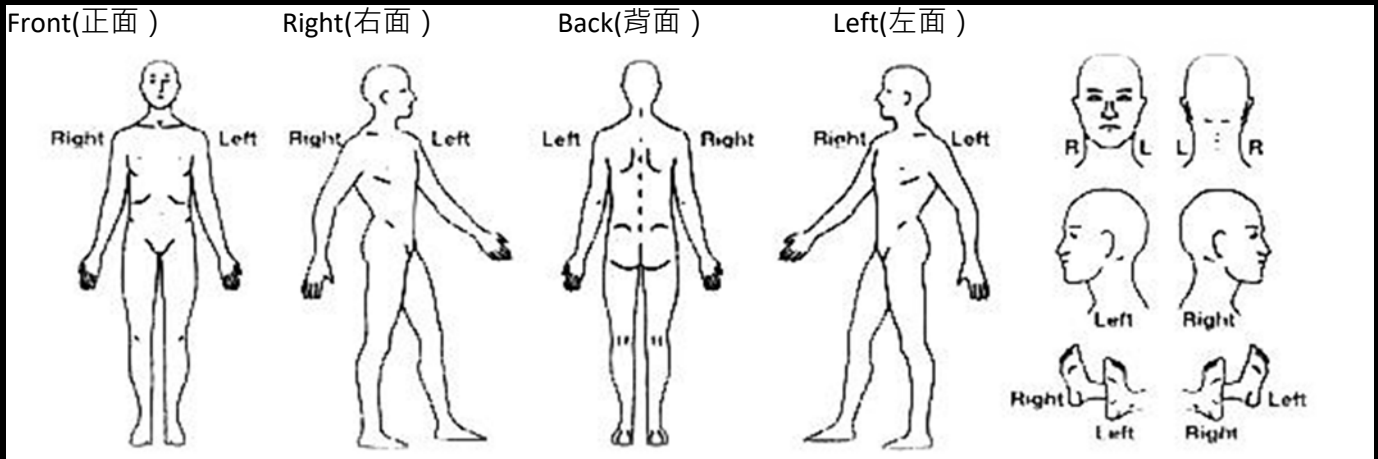


PATIENT NAME:

Date of Birth:



Pain Intensity (疼痛強度): Slight (輕微1-2) Mild (輕度3-5) Moderate (中度6-8) severe (嚴重 9-10)

Frequency (頻率 %): Occasional (偶爾 25) Intermittent (間歇50) Frequent (經常75) Constant (持續100)

Chief Complaints (你現在哪裡有疼痛):

Symptoms 症狀	Pain Intensity 疼痛強度	Pain Frequency 疼痛頻率	Other Symptoms 其他症狀	Frequency 頻率
Neck (頸)			Headache (頭痛)	
Upper Back (上背)			Dizziness (頭暈)	
Mid-Back (中背)			Nausea (噁心)	
Low Back (腰)			Nervous (精神緊張)	
Shoulder (肩)			Vision change (視力改變)	
Elbow (肘)			Fatigue (疲勞)	
Wrist/Hand (腕/手)			Sleep disturbance (睡眠障礙)	
Hip/Buttocks(臀部)			Tinnitus (耳鳴)	
Knee (膝):			Memory loss (記憶力下降)	
Ankle/Foot(腳踝/腳)				
Chest (胸)				
TMJ (顫下頷關節)				

When did the pain start (痛疼什麼時候開始的)

What makes the pain worse (什麼使疼痛加重):

What makes the pain better (什麼使疼痛減輕)

Any numbness or tingling in extremities (有沒有體驗肢體麻木)

Past Medical History (以前的醫療病史):

When was your last health check up (你上次健康檢查是什麼時候)

Any past accident or injury (任何過去的事故或傷害)

Any past musculoskeletal conditions (任何過去的肌肉骨骼疾病)

Are you currently or previously under the care of (您目前或以前是否接受過醫療護理):

High blood pressure (高血壓) Heart conditions (心臟病) Diabetes (糖尿病) Cancer (癌症)

Others (其他):

Any past surgery (任何過去的手術)

Taking any medication (服用任何藥物)

Female (女性): when was your last menstrual cycle (你上次月經是什麼時候)

Patient Signature:

Date: