

NEXUS

HEALTHCARE

Contact Information :

First Name (名) : _____ Last Name (姓) : _____

Date of Birth (出生日期) _____ Sex (性別) : Male (男) Female (女)

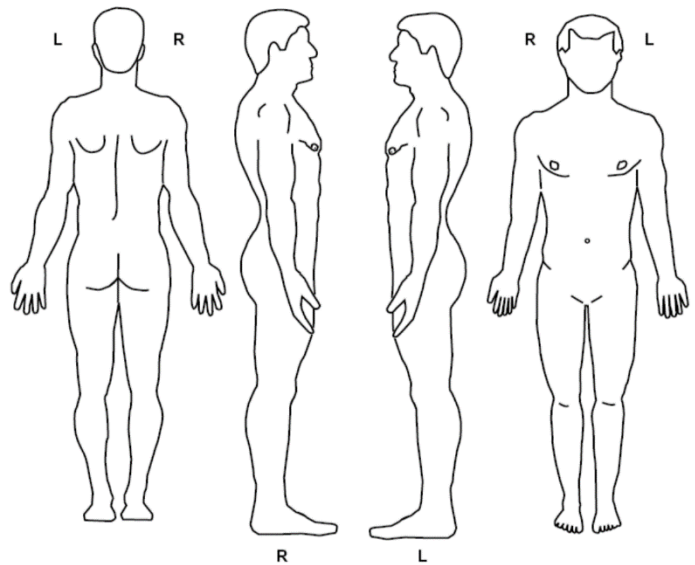
Address (地址) : _____

Phone (聯絡電話) : _____ Email Address (電子郵件) : _____

Symptoms (今天看診的原因) :

A. Do you have pain and/or discomfort? Please draw/describe where (有無疼痛、麻木、或其他不舒服嗎? 哪裡?請畫上或描述) :

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____



B. Other symptoms - please describe (請描述其他症狀) : _____

Past Health History (過去病史) :

A. Have you had any surgeries or previous trauma? When? (有動過手術嗎? 有任何舊傷或骨折嗎? 多久以前?) :

No history of surgery (從來沒有動過手術) No old injuries or broken bones (沒有任何舊傷或骨折)

Surgery/Old injury (手術/舊傷/骨折) :

Date/how long ago (日期/多久以前發生) :

1. _____
2. _____
3. _____

1. _____
2. _____
3. _____



- B. We may use massage cream with essential oils during therapy. Do you have sensitive skin or skin allergies?
 (治療時有可能用精油搭配推拿手法。皮膚會比較敏感或容易過敏嗎?) :
- No sensitive skin and no history of skin allergies (不敏感也沒有任何過敏)
- I have sensitive skin/I have skin allergies (皮膚敏感/容易過敏)

Family Health History (家族史) :

What is your family medical history? Please check all that apply (關於您家族史請勾選) :

- No pertinent medical history (家族無病史) Adopted/Unknown (被領養/不知)
- Cancer (癌症) Heart disease AND below 40 years old (心臟病 - 40歲以下)
- Strokes/TIAs (中風/暫時性腦缺血) Psychiatric disease (精神疾病)
- Headaches (頭痛) Diabetes (糖尿病)
- Heart disease (心臟病)
- Neurological diseases (神經系統疾病)

Social and Occupational History (休閒及職業史) :

A. What do you do physically for work, e.g. sitting at a computer, standing, driving (職業上包含著甚麼動作?

例如坐久用電腦、站久、開車多) : _____

B. Sports/Exercise (有運動習慣嗎?請描述) : _____

No current exercise habit (最近沒有運動)

C. Tobacco Use (抽菸嗎?一天幾根?) : _____ No tobacco use (不抽菸)

D. Dietary restrictions (飲食) : None (一般) Vegetarian (蛋奶素) Vegan (純素)

Other (其他) _____

Medications (藥物) :

What medications are you currently taking? (請以下列出您的藥物) :

I am not taking any medications (沒有吃任何藥物)

Medication (藥物名稱)	Reason for taking (使用藥物原因)
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____

Medical History Review of Systems (器官系統回顧) :

Do you have medical history of any organ systems diagnoses/symptoms? (是否有無任何器官系統症狀/疾病) :

No (無)



Yes, specifically the following (please indicate) (有，以下請勾選)：

Pulmonary (lung-related) (呼吸系統)

- Asthma/difficulty breathing (哮喘)
- COPD (慢性阻塞性肺病)
- Emphysema (肺氣腫)
- Other (其它) _____

Cardiovascular (heart-related) (心血管系統)

- Heart surgeries (心臟手術)
- Congestive heart failure (鬱血性心衰竭)
- Murmurs or valvular disease (心雜音)
- Heart attacks/MIs (心肌梗塞)
- Heart disease/ problems (心臟病)
- Hypertension (高血壓)
- Pacemaker (心臟起搏器)
- Angina/chest pain (心絞痛/胸痛)
- Irregular heartbeat (心律不整)
- Other (其它) _____

Neurology (nerve-related) (神經系統)

- Visual change/loss of vision (視力更改、受損)
- One-sided weakness of face or body (單面、單邊局部虛弱無力)
- History of seizures (癲癇發作)
- One-sided decreased feeling in the face or body (單面、單邊局部麻木)
- Headaches (頭痛)
- Memory loss (記憶衰退/健忘)
- Tremors (顫抖)
- Vertigo (暈眩)
- Loss of sense of smell (失去嗅覺)
- Strokes/TIAs (中風/暫時性腦缺血)
- Other (其它) _____

Endocrinology (glandular/hormonal) (內分泌系統)

- Thyroid disease (甲狀腺疾病)
- Hormone replacement therapy (激素替代)
- Injectable steroid replacements (注射類固醇)
- Diabetes (糖尿病)
- Other (其它) _____

Renal/Nephrology (kidney and bladder-related) (泌尿系統)

- Renal calculi/stones (腎結石)
- Hematuria (blood in the urine) (血尿)
- Incontinence (尿失禁)
- Bladder Infections (膀胱炎)
- Kidney disease (腎臟病)
- Dialysis (透析/洗腎)
- Difficulty urinating (排尿困難)
- Other (其它) _____

Gastroenterology (digestion-related) (消化系統)

- Nausea (噁心)
- Difficulty swallowing (吞嚥困難)
- Ulcerative disease (潰瘍)
- Frequent abdominal pain (腹痛)
- Hiatal hernia (食管裂孔疝)
- Constipation (便秘)
- Pancreatic disease (胰臟疾病)
- Irritable bowel/colitis (大腸激躁症、炎症性腸病)
- Hepatitis or liver disease (肝炎)
- Bloody or black tarry stools (黑便)
- Vomiting blood (吐血)
- Bowel incontinence (大便失禁)
- Gastroesophageal reflux/heartburn (胃酸逆流)
- Other (其它) _____

Hematology/Lymph (blood-related) (血液系統)

- Anemia (貧血)
- Regular anti-inflammatory use (定期服用消炎藥)
- HIV positive (艾滋病毒陽性)
- Abnormal bleeding/bruising (容易流血、瘀血)
- Sickle-cell anemia (鐮狀細胞貧血症)
- Enlarged lymph nodes (淋巴結腫大)
- Hemophilia (血友病)
- Anticoagulant therapy (抗凝血劑)
- Hypercoagulation/deep vein thrombosis (blood clots) (血凝塊/深靜脈血栓形成)
- Regular aspirin use (定期服用阿斯匹靈)
- Other (其它) _____



Oncology (cancer-related) (腫瘤)

- Fevers/chills/sweats/unexplained weight loss
(發燒、發冷、冒汗、不明原因體重突然減輕)
- Abnormal bleeding/bruising (容易流血、瘀血)
- Current/past oncology conditions (有過癌症)
- Dermatology (skin-related) (皮膚系統)**
- Significant burns (重大燒燙傷)
- Significant rashes (起疹)
- Skin Grafts (植皮)
- Psoriatic disorders (牛皮癬)
- Other (其它) _____

**Musculoskeletal (muscle and bone-related) (肌肉
骨骼系統)**

- Rheumatoid arthritis (類風濕性關節炎)
- Gout (痛風)

- Osteoarthritis (退化性關節炎)
- Broken bones (骨折)
- Spinal fracture (脊椎骨折)
- Spinal surgery (脊椎手術)
- Joint surgery (關節手術)
- Arthritis (unknown type) (未知診斷的關節炎)
- Scoliosis (脊椎側彎)
- Metal implants (金屬植入物)
- Other (其它) _____

Psychology (精神狀態)

- Depression (憂鬱症)
- Suicidal ideations (自殺念頭)
- Bipolar disorder (躁鬱症)
- Other (其它) _____

Is there anything else in your past medical history that you feel is important to your care here ?
(在於您的過去病史中有無任何事項將影響您的治療計畫請列出) :

I have read the above information and certify it to be true and correct to the best of my knowledge, and hereby authorize this office of chiropractic to provide me with chiropractic and/or acupuncture care, in accordance with this state's statutes. If my insurance will be billed, I authorize payment of medical benefits to Nexus Healthcare for services performed.

Patient/Guardian Signature

Date

