

# Patient Medical History

## 病人的病史記錄

M 男 / F 女

PATIENT'S NAME 病人姓名

DOB 出生日期

SEX 性別

TODAY'S DATE 今天日期

Thank you for choosing our office for your eyecare. To better serve you, please answer the following questions:  
感謝你選擇我們的眼科醫療診所，為了使你得到更好的服務，請回答以下問題：

1. Do you wear eyeglasses? ( )Yes ( )No  
你有戴眼鏡嗎？ 有 沒有
2. Do you wear contact lenses? ( )Yes ( )No  
你有戴隱形眼鏡嗎？ 有 沒有
3. Do you have problems reading? ( )Yes ( )No  
你有閱讀問題嗎？ 有 沒有
4. Are you currently experiencing any eye symptoms? Please circle all that apply:  
目前你的眼睛是否有以下的症狀？請圈出相關的症狀：

Eye Pain Blurred Vision Eyelid Crusting Flashes of Light Halos Tearing Difficulty reading at near distance  
眼痛 視力模糊 眼簾成黃片 閃光 光輪 流眼淚 在近距離閱讀有困難

Discharge Light sensitivity Double Vision Black spots Itching Burning Difficulty reading at far distance  
分泌物 光敏感 重視 黑斑點 瘙癢 燃燒 在遠距離閱讀有困難

### Medical Condition and History (Check all that apply) 醫療情況和病史 (把有關檢查標號)

1. Have you ever been treated for any medical conditions (e.g. diabetes, high blood pressure, asthma, high cholesterol, etc.)? 你曾經罹患及治療過什麼疾病？(如：糖尿病，高血壓，哮喘，高膽固醇及其他)

( )Yes ( )No If yes, please list \_\_\_\_\_  
有 沒有 如果有，請列出

2. Have you ever had any eye disease ( e.g. glaucoma, cataract, wandering or lazy eye, retinal detachment, etc.)?  
你曾經患過眼睛疾病嗎？(如：青光眼，白內障，眼睛漂迷，視網膜脫離及其他)

( )Yes ( )No If yes, please list \_\_\_\_\_  
有 沒有 如果有，請列出

3. Have you ever had any surgery, including the eye? 你曾經做過任何外科手術嗎？包括眼睛。

( )Yes ( )No If yes, please list \_\_\_\_\_  
有 沒有 如果有，請列出

4. Do you take any medications, including eye medications? 你有服任何藥嗎？包括眼睛藥。

( )Yes ( )No If yes, please list \_\_\_\_\_  
有 沒有 如果有，請列出

5. Do you have any drug or food allergies? 你對藥品或食物有過敏嗎？

( )Yes ( )No If yes, please list \_\_\_\_\_  
有 沒有 如果有，請列出

### Review of Systems 全身檢查

Do you currently have any of the following problems?  
你現在有以下問題嗎？

Yes  
是

No  
否

If yes, please explain:  
如果有，請解釋：

Chronic fever, unexpected weight loss/gain, fatigue  
長期發熱，體重突然減少/增加，疲勞

( )

( )

Ear/nose/throat problems 耳/鼻/喉有問題嗎？

( )

( )

**Yes**      **No**      **If yes, please explain:**  
**是**      **否**      **如果有, 請解釋:**

Heart problems 心臟有問題嗎?      ( )      ( ) \_\_\_\_\_  
Respiratory problems 呼吸系統有問題嗎?      ( )      ( ) \_\_\_\_\_  
Gastrointestinal problems 腸胃道有問題嗎?      ( )      ( ) \_\_\_\_\_  
Urinary problems 泌尿系統有問題嗎?      ( )      ( ) \_\_\_\_\_  
Skin problems 皮膚問題      ( )      ( ) \_\_\_\_\_  
Musculoskeletal 肌肉與骨骼的問題      ( )      ( ) \_\_\_\_\_  
Neurologic problems 神經系統的問題      ( )      ( ) \_\_\_\_\_  
Psychiatric problems 精神的問題      ( )      ( ) \_\_\_\_\_

**Family and Social History 家庭病史與社交事好**

Do any medical or eye diseases run in your family ( e.g. diabetes, high blood pressure, cancer, glaucoma, macular degeneration)? 你的家人有没有任何病史或眼睛病史? (如: 糖尿病, 高血壓, 腫瘤, 青光眼, 黃斑病變)

( ) Yes      ( ) No      If yes, please explain \_\_\_\_\_  
是      否      如果有, 請解釋

Do you smoke? If yes, how much? \_\_\_\_\_ Drink alcohol? If yes, how much? \_\_\_\_\_  
你有吸煙嗎? 如有, 多少?      你有喝酒嗎? 如有, 多少?

If employed, how many hours per week do you work? 如果你在工作, 每星期做多少小時 \_\_\_\_\_

**HIPPA Acknowledgement**

**醫療資料保密通知**

I acknowledge that I have been provided with a copy of the privacy notice for Dr. Andrew Naing's practice and acknowledge that the privacy notice is displayed in the waiting area for my review. The HIPPA Officer for this practice is Dr. Andrew Naing.

我確認本人已接受一份有關 Andrew Naing 醫生的行醫保密通知書。我也確認這保密通知書是貼在病人候診室的牆上讓我們閱讀。這 HIPPA 是有關 Andrew Naing 醫生的行醫保密資料。

**Print Name 正楷姓名** \_\_\_\_\_ **Relationship to Patient 與病人的關係** \_\_\_\_\_  
**(Parent or Guardian if patient is minor)( 如果病人是未成年, 家長或監護人)**

**Signature 簽名** \_\_\_\_\_ **Date 日期** \_\_\_\_\_

**Reviewed by physician:** \_\_\_\_\_