PICTON SURGERY

# New Patient Medical Questionnaire

**Name 姓名:** **Date of birth 生日:**

**Medical conditions 醫療紀錄**

Do you have or had any of the following medical conditions? Please include family history. 您之前或現在有下列醫療狀況嗎? 請包含家族病史

| | Self | Family | | Self | Family |
|---|---|---|---|---|---|
| Diabetes 糖尿病 | ☐ Y | ☐ Y | Blood clot 血栓 | ☐ Y | ☐ Y |
| High blood pressure 高血壓 | ☐ Y | ☐ Y | Stroke 中風 | ☐ Y | ☐ Y |
| Heart disease 心臟病 | ☐ Y | ☐ Y | High cholesterol 高膽固醇 | ☐ Y | ☐ Y |
| Heart attack – age? 病發年紀? | ☐ Y | ☐ Y | Migraine 偏頭痛 | ☐ Y | ☐ Y |
| Asthma 氣喘 | ☐ Y | ☐ Y | Epilepsy 癲癇 | ☐ Y | ☐ Y |
| Lung disease 肺病 | ☐ Y | ☐ Y | Cancer - breast 乳癌 | ☐ Y | ☐ Y |
| Respiratory disease 呼吸疾病 | ☐ Y | ☐ Y | Cancer - other 其他癌症 | ☐ Y | ☐ Y |
| Liver disease or Hepatitis 肝病/帶原 | ☐ Y | ☐ Y | Glaucoma 青光眼 | ☐ Y | ☐ Y |
| Bowel disease or related 消化疾病 | ☐ Y | ☐ Y | Rheumatic Fever 風濕病 | ☐ Y | ☐ Y |
| Joint disease, arthritis 關節疾病, 關節炎 | ☐ Y | ☐ Y | Tuberculosis (TB) 結核病 | ☐ Y | ☐ Y |
| Depression, anxiety, wellness or mental health conditions 憂鬱, 焦慮及其他心理狀況 | ☐ Y | ☐ Y | Eczema 濕疹 | ☐ Y | ☐ Y |
| | | | Hay Fever 花粉症 | ☐ Y | ☐ Y |
| Any other conditions?其他狀況 | ☐ Y | | | | |

**Medication, operations, alcohol and drugs:** Please list if you have/or had: 用藥和開刀紀錄, 菸酒紀錄

| | | | |
|---|---|---|---|
| Regular medications 常用藥物 | ☐ Y | ☐ N | |
| Allergic Reactions 藥物過敏 | ☐ Y | ☐ N | |
| Operations 開刀史 | ☐ Y | ☐ N | |
| Do you smoke? 抽菸 | ☐ Y | ☐ N | How many each per day? 一天抽多少菸? |
| Do you drink alcohol? 喝酒 | ☐ Y | ☐ N | What type & how many glasses each week? 喝什麼酒?一天幾杯? |

**Immunisations & Vaccinations:**

| | | | |
|---|---|---|---|
| Childhood immunisations up-to-date? 預防接種完全嗎? | ☐ Y | ☐ N | |
| Tetanus booster?破傷風疫苗? | ☐ Y | ☐ N | When? |

**Women:** Have you had a:

| | | | |
|---|---|---|---|
| Cervical smear 20yr old+ ２０歲以上子宮頸抹片 | ☐ Y | ☐ N | Result: Abnormal? ☐ Yes ☐ No When? |
| Mammogram 40yr old+ ４０歲以上乳房檢查 | ☐ Y | ☐ N | Result: Abnormal? ☐ Yes ☐ No When? |