Pingtung Christian Hospital
Health evaluation form before clinic

Greetings,

Please fill the form and our staff will confirm the information later on. This information will provide to the doctor. Please tick the box, like ■high blood pressure. ※means must write, please give this form to our staff after completing it, Thank you.

Date:_____

I. Personal information:

Information source: ☐1.Patient ☐※2.Family (relation:____) ☐3.Friend ☐4.Other_____

Patient record no.:_____Gender:_____Name:_____Birth date(yyyy/mm/dd):_____age:____

Phone:_____Mobile phone:_____E-mail:_____

Address:_____

※Blood type、RH:_____※Blood pressure:_____/ mmHg ※Heart rate:_____/bpm

※body temperature:_____˚C ※Abdominal circumference:_____cm ※Height:_____cm

※Weight:_____kg ※BMI:_____(weight(kg)/height(m × m))

Identity: National Health Insurance

Education level:_____Occupation:_____

Race: ☐Minnan ☐Hakka ☐Mainlander ☐Aboriginal ☐New immigrant

Marital/family status:_____Children:____(boy) _____(girl)

Living status:_____

Financial status:_____

Religion: ☐None ☐Buddhism ☐Christian ☐Taoism ☐I-Kuan Tao ☐ Catholic ☐Muslim ☐Other:_____

Active living scale:_____

※Main carer:_____

※Emergency contact name:_____※Relation:_____※phone:_____

Organ donation: ☐Yes ☐No

Hospice care: ☐Yes ☐No

DNR: ☐Yes ☐No

II. Daily Routine:

※1.Smoking: ☐Yes_____ ☐No ※2.Alchol: ☐Yes_____ ☐No

※3.Betel nut eating: ☐Yes_____ ☐No

4. Diet:_____

5. Food categories:_____

6. Exercise plan:_____

6.1 Frequency:_____

6.2 Type: ☐walking ☐jogging ☐dancing ☐swimming ☐ sport ☐others:_____

III. Personal health information

※1.Health history:_____

※2.Family health history:_____

※3. Allergy:

- Medication:_____
- Food:_____
- Others:_____

4. Surgical history:_____

5. Have you been Blood transfusion due to surgery or anemia? (Exclude blood donation)
☐Yes_____ ☐No
6. Are you taking any Vitamin or health food? ☐Yes ☐No
7. Vaccine: Have you injected the flu shot? ☐Yes ☐No
8. Travel history:_____

※IV、Physical system evaluation

1. General System: ☐Weight loss ☐Fever ☐Chilled ☐Night sweat ☐Loss of appetite
☐Fatigue ☐Muscle weakness ☐※Others:_____☐None of above
2.Skin : ☐Itchiness ☐Rashes ☐Wound ☐※Others:_____ ☐None of above
3. Head and Neck : ☐headache ☐Wound ☐Dizziness ☐Vertigo ☐Earache ☐Ear discharge
☐Tinnitus ☐Diplacusis
□Nose bleeding ☐Sore throat ☐Hoarse Voice ☐※others:_____☐None of above
4.Lungs system : ☐Short of breath ☐Chest pain ☐Coughing ☐Sputum ☐Hemoptysis ☐Asthma ☐Lump in breast ☐local pain ☐Secretion ☐※Others:_____ ☐None of above
5. Cardiac system: ☐Chest pain ☐Palpitation ☐Short of breath during activities ☐Edema ☐Syncope
☐intermittent short of breath during at night ☐Orthopnea(difficult to breath while lying down)
☐Cyanosis ☐Hypertension ☐※Others:_____ ☐None of above
6. Diegestive system:☐Indigestion ☐Hiccup ☐Nausea ☐Vomit ☐Hematemesis ☐Dysphagia ☐Jaundice
☐Heartburn ☐Peptic Ulcer Disease ☐Stomach ache ☐Abdominal distention
☐Abdominal pain ☐Hemorrhoids ☐constipation ☐Bloody stool
☐Tarry stool ☐Diarrhea ☐※Others: ☐None of above
7. Urinary system : ☐Frequent urination ☐urgency ☐Urinary incontinence ☐Dysuria ☐Hematuria
☐Nocturia ☐voiding difficulties ☐Lower back pain ☐※Others:_____☐None of above
8. Endocrine System: ☐Goiter ☐Trembling ☐Fearing heat ☐Fearing cold ☐Irregular menstruation
☐diabetes☐※Others:_____☐None of above
9. Musculoskeletal system: ☐Ankylosis ☐Joint pain ☐Joint swelling ☐Edema ☐inability ☐Muscle atrophy
☐Legs are numb ☐※Others:_____☐None of above
10. Nervous system: ☐Known neurological disease, Disease:_____ ☐Sudden neurological loss
☐Sudden change/loss of consciousness ☐Limb weakness ☐Balance difficulty
☐Dizziness □Trembling □※Others:_____□None of above ☐limb numbs
11. Mental state assessment : ☐Known mental illness，illness:_____ ☐Feel depressed ☐Anxiety
☐Alcohol or drugs abuse ☐Memory difficulties ☐Delirium ☐None of above

V. Pain Scale

1. Most of us have experienced minor headaches, sprains and toothaches during our lifetime. Have you had other unusual pains in the last week?
◎Are you under age 3? ◎Under age 18
◎Are you female above age 10? ◎Under age 18

Doctor's signature:_____
Applicant signature:_____