



病历号码： _____

中文姓名 Chinese Name		英文姓名 English Name	
国籍 Nationality		护照号码/身分证 Passport # or ID #	
性别 Sex		手机号码 Mobile Phone #	
生日 (YYYY / MM / DD) Date of Birth		住家电话 Home Phone #	
公司电话 Office Phone #		传真号码 Fax Number	
职业 Occupation		宗教 Religion	
永久住址 Permanent Address	邮政编码 Postcode		
电子信箱 E-mail Address			
紧急联络人 Emergency Contact Person		手机号码 Mobile Phone #	
关系 Relationship		联络电话 Phone #	
联络地址 Address			
目前是否居住台湾 Are you in Taiwan NOW?		语言 Language	中文 英文 其它 Mandarin English Others
疾病诊断/治疗项目 Diagnose/Treatment request		是否具有台湾健保卡 Do you have Taiwanese National Health Insurance IC Card?	
看诊科别及医师姓名 Physician's Name/Department		看诊日期 Date of Visit (OPD)	

Past History and Family History 过去病史及家族史

本人或家属成员是否曾经罹患重大疾病或慢性病?请填下表(打✓)

If you or your family members have ever had the disease mentioned below, please mark with "✓".

	Self 自己	Parent 父母	Sibling 兄弟姊妹	Grand Parent (外)祖父母
Diabetes 糖尿病				
Cardiac disease 心脏疾病				
Hypertension 高血压				
Cancer 癌症				
Hepatitis 肝炎				
Stroke 中风				
Renal disease 肾脏疾病				
Tuberculosis 肺结核				
Epilepsy 癫痫				
Thalassemia major 重度地中海贫血				
Psychiatric disease 精神疾病				
Other 其它				

Personal History 个人病史

Height 身高	Cm 公分	Weight 体重	Kg 公斤	Always 经常	Occasional 偶而	Never 从不	Quit 已戒除
Do you smoke?			抽烟史				
Do you drink wine or alcohol?			饮酒史				
Do you eat betel nut?			槟榔史				
Have you ever had surgery before? If you had, what kind of surgery?			手术史				
Are you allergic to any food or medicine? If you are, what is that?			药物/食物 过敏史				
Recently, have you ever been to abroad within 30 days? If yes, what country have you been? 近 30 日内是否出国?如有, 请问哪些国家?			旅游史				