



## CONFIDENTIAL PATIENT HEALTH RECORD 个人健康资料

(All information will be treated with the strictest privacy and confidentiality) 您个人资料会严密处置与保密

Surname 姓名: \_\_\_\_\_ First Name 名字: \_\_\_\_\_ Title 名称: Dr / Mr / Mrs / Ms / Miss

Passport/IC No. 身份证号码: \_\_\_\_\_ Birthdate 出生年月日: \_\_\_\_\_ Age 年龄: \_\_\_\_\_

Gender 性别: Male 男 / Female 女

Marital Status 身份: S 单身 / M 已婚 / D 离婚 / W 寡妇

Languages Spoken 语言: English 英文 / Mandarin 华语 / Malay 马来语 / Tamil 坦米尔语 / Cantonese 广东 / Hokkien 福建 / Japanese 日语 / Others 其它

Address 地址: \_\_\_\_\_ Postal Code 邮件号码: \_\_\_\_\_

E-mail 电子邮件: \_\_\_\_\_

Contact Number 联络号码: (HP) 手机号码 \_\_\_\_\_ (O) 办公室号码 \_\_\_\_\_ (H) 家里号码 \_\_\_\_\_

Race 种族: Malay 马来人 / Chinese 华人 / Indian-Sikh 印度人-印度锡克教徒 / Caucasian 北欧人 / Others 其它

Religion 宗教信仰: Islam 回教 / Buddhist 佛教 / Taoist 道教 / Christian 基督教 / Hindu 印度教 / None 无 / Others 其它

Occupation 职业: \_\_\_\_\_ Employer 雇主: \_\_\_\_\_

Spouse's Name 配偶的名字: \_\_\_\_\_ Contact Number 联络号码: (For emergency 紧急使用)

Children's Names and Ages 孩子名字与年龄: 1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Whom we may thank for referring you 介绍人: Friends 朋友 \_\_\_\_\_ / Doctor 医生 \_\_\_\_\_

Where did you hear about us 您在那里知道我们: Brochure 小册子 / Talk 讲座 / Exhibition 展览会 / Website 网站 / Newspaper 报纸 /

Yellow Pages 电话黄页 / Others 其它: \_\_\_\_\_

### Experience with Chiropractic 脊椎矫正术经验

Have you been adjusted by a Chiropractor before? 您有曾被脊椎矫正术医生调整脊椎吗?

No 否  If Yes 是, Doctor's name 医生名字: \_\_\_\_\_

Approximate date of last visit 最后一次看诊日期: \_\_\_\_\_ Reason for the visit 看诊理由: \_\_\_\_\_

Has any child or adult in your family seen a Chiropractor? 您的家庭内是否有小孩或大人看过脊椎矫正术医生?

No 否  If Yes 是, Doctor's name 医生名字: \_\_\_\_\_

### Awareness of Chiropractic Principles 脊椎矫正术主义概念

Did you know that 您是否知道.....

- Doctors of Chiropractic work with the nervous system, the spine and joints of the body?  
脊椎矫正术医生关注于神经系统和脊椎?  Yes 是  No 否
- The nervous system controls all bodily functions, organs, cells and systems of the body?  
神经系统操纵所有体内的器官, 细胞与系统?  Yes 是  No 否
- Chiropractic is the largest natural healing profession in the world?  
脊椎矫正术是在全球里最大的无药治疗专业吗?  Yes 是  No 否
- Chiropractic treatment is safe, gentle, precise, drug-free and without surgery?  
脊椎矫正术是个非常安全, 温和和准确的医学而它也不用药物与手术?  Yes 是  No 否
- If Chiropractic care starts at birth, you can achieve a higher level of health throughout life?  
如果在出生时接受脊椎矫正术, 您可以在生活中达到更高的健康水平?  Yes 是  No 否

### Consent to Treatment / Examination 个人治疗与检查的认同

I hereby give my consent to the doctors, associate doctors and assistants from Chiropractic First Clinics to perform a thorough examination which includes a radiological exam, and administer appropriate and necessary chiropractic treatment and physiotherapy on/for me.

我在此同意 Chiropractic First 诊所的医生、副医生和助理在我身上执行彻底的检查、包括X光线检查与适当及必要的脊椎矫正术治疗和物理疗法。

Guardian/Patient's Signature 监护人 / 个人签名: \_\_\_\_\_ Date 日期: \_\_\_\_\_

Clinic Registered 诊所: \_\_\_\_\_ Registration Date 注册日期: \_\_\_\_\_

The Nervous System controls and regulates all the functions of every organ and cell in the body. **SUBLUXATION (misalignment) and injuries to the spine can lead to many signs and symptoms that commonly affects people.**

Please tick any of the following symptoms you have experienced at any time in the past 12 months:

当我们的脊椎骨“移位”，我们的神经系统就会受到影响，导致身体的某个部位出现疼痛。请在您过去的12个月里所患有以下的病状打个勾：

### Cervical (Neck) 颈椎

These nerves affect our head, ears, sinuses causing symptoms listed below: 筋也能导致我们的头耳鼻感染以下的病状:



- Headaches / Migraine** 头疼/偏头疼  
When did it first start 几时开始? \_\_\_\_\_  
How often 多少次: Everyday 每天 / On & Off 有时 / Constant 经常  
How long do they last 持续多久? \_\_\_\_\_  
Where 在哪个部位? \_\_\_\_\_  
What makes it better/worse 什么使它好/更严重? \_\_\_\_\_
- Dizziness** 头晕  
When did it first start 几时开始? \_\_\_\_\_  
How often 多少次: Everyday 每天 / On & Off 有时 / Constant 经常  
How long do they last 持续多久? \_\_\_\_\_  
What makes it better/worse 什么使它好/更严重? \_\_\_\_\_
- Ringling in ears** 耳鸣  
When did it first start 几时开始? \_\_\_\_\_  
How often 多少次: Everyday 每天 / On & Off 有时 / Constant 经常  
How long do they last 持续多久? \_\_\_\_\_  
Which ear 哪个耳朵? \_\_\_\_\_  
What makes it better/worse 什么使它好/更严重? \_\_\_\_\_



- Recurrent flu / Sinus** 再发的感冒/鼻窦炎  
How frequent 多频密? When 几时? Duration 持续的时间? \_\_\_\_\_
- Neck pain / Stiff neck** 颈项酸痛/僵硬  
When did it first start 几时开始? \_\_\_\_\_  
How often 多少次: Everyday 每天 / On & Off 有时 / Constant 经常  
How long do they last 持续多久? \_\_\_\_\_  
Where 在哪个部位? \_\_\_\_\_  
What makes it better/worse 什么使它好/更严重? \_\_\_\_\_  
Type of pain 各种痛: Sharp 锐痛 / Numbness 麻痹 / Dull 钝痛 / Ache 酸痛 / Burning 灼痛?



- Shoulder pain / Numbness** 肩膀痛/麻  
When did it first start 几时开始? \_\_\_\_\_  
How often 多少次: Everyday 每天 / On & Off 有时 / Constant 经常  
How long do they last 持续多久? \_\_\_\_\_  
Where 在哪个部位? \_\_\_\_\_  
What makes it better/worse 什么使它好/更严重? \_\_\_\_\_  
Type of pain 各种痛: Sharp 锐痛 / Numbness 麻痹 / Dull 钝痛 / Ache 酸痛 / Burning 灼痛?
- Shoulder tense / Stiff** 肩膀紧绷/僵硬  
How often 多少次? Left/Right 左/右? \_\_\_\_\_
- Numb / Tingling / Pain in arms / hands or fingers** 手臂手指麻/刺痛  
When did it first start 几时开始? \_\_\_\_\_  
How often 多少次: Everyday 每天 / On & Off 有时 / Constant 经常  
How long do they last 持续多久? \_\_\_\_\_  
Where 在哪个部位? \_\_\_\_\_  
What makes it better/worse 什么使它好/更严重? \_\_\_\_\_

### Thoracic (Mid Back) 胸椎部



- Pain between shoulder blades** 肩膀痛  
When did it first start 几时开始? \_\_\_\_\_  
How often 多少次: Everyday 每天 / On & Off 有时 / Constant 经常  
How long do they last 持续多久? \_\_\_\_\_  
Where 在哪个部位? \_\_\_\_\_  
What makes it better/worse 什么使它好/更严重? \_\_\_\_\_  
Type of pain 各种痛: Sharp 锐痛 / Numbness 麻痹 / Dull 钝痛 / Ache 酸痛 / Burning 灼痛?
- Breathing problems / Asthma** 呼吸不顺畅/气喘病  
How long 多久? When 几时? Duration 持续的时间? \_\_\_\_\_
- Chest / Ribs pain** 胸口/肋骨痛  
How often 多少次? Left/Right 左/右? \_\_\_\_\_
- Digestive / Gastric problems** 消化系统不良/胃问题  
Bloated 浮肿 / Gas 瘴气 / Indigestion 消化不良 / Heartburn (消化不良) 灼热感?

### Lumbar (Low Back) 腰椎部



- Low back numbness / Pain / Ache** 腰下背麻/痛/酸  
How long 多久? Comes and goes 有时? Constant 经常? \_\_\_\_\_
- Hip pain (left/right/both)** 臀部疼痛 (左/右/两边)  
How long 多久? Comes and goes 有时? Constant 经常? Left/Right 左/右? \_\_\_\_\_
- Numb / Tingling / Pain in legs or feet** 脚或脚跟麻/痛  
How long 多久? Comes and goes 有时? Constant 经常? Left/Right 左/右? \_\_\_\_\_
- Bowel movement** 便秘 Any constipation 是否有便秘? \_\_\_\_\_
- Frequent urination** 小便次数多 \_\_\_\_\_
- Fertility problems** 生育问题 \_\_\_\_\_

**Do your health problems affect your daily activities?** 您的病痛是否影响您的生活?

Difficulty Sleeping 失眠

Tiredness / Fatigue 容易疲惫

Nervousness / Depression 容易紧张/焦虑

**Does this cause you to be:**

这个状况让您感到:

Moody? 情绪低落?

Irritable? 烦躁?

Have interrupted sleep?  
干扰睡眠?

Restricted in daily activities?  
活动不便?

**How does this affect your work?**

这些状况在哪一方面影响您的工作表现?

In decision-making? 判断能力?

Resulting in poor attitude? 工作不积极?

Result in decreased productivity?  
效率减低?

Are you exhausted at the end of the day?  
容易疲劳?

**How does this affect your life?**

这些状况在哪一方面影响您的生活?

Do you lose patience with your spouse and children? 对家人失去耐心?

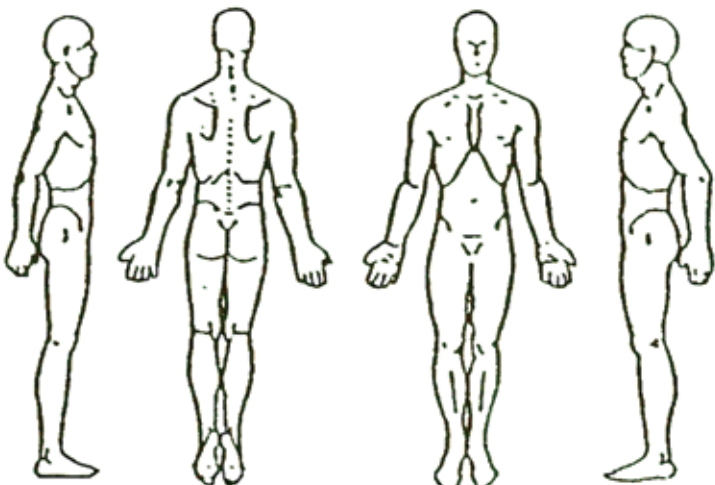
Are you restricted in household duties? 不能做家务?

Is your ability to exercise or participate in sports hindered?  
影响您运动的能力或表现?

Does it interfere with your ability to participate in hobbies or other desired activities? 阻止您参与娱乐活动?

*“Pain is good! It is a natural feedback mechanism of the body, and it tell us details about your problems.”*

Your medical **HISTORY** and **DETAILS** will help our doctors to understand and make better examination and diagnosis for you. Please provide details below. 请在以下的问题，详细列出您的资料，有助于医生对您病情的了解。

<p><b>Please indicate your area(s) of pain (circle):</b> 请您在以下的人体部分(画圆圈):</p> 	<p><b>Current Medication:</b> 列下您所服用的药物:</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Pain Killers (Including Aspirin) 止痛药 (包括阿司匹林)</li><li><input type="checkbox"/> Muscle Relaxants 肌肉松弛药</li><li><input type="checkbox"/> Anti-Inflammation 禁止发炎药</li><li><input type="checkbox"/> Anti-Depression 抗忧郁症药</li><li><input type="checkbox"/> Stimulants 兴奋剂</li><li><input type="checkbox"/> Blood Thinner 血液狭缩</li><li><input type="checkbox"/> Insulin 胰岛素</li><li><input type="checkbox"/> Tranquilizers 镇静剂</li><li><input type="checkbox"/> Blood Pressure Medicine 血压药</li><li><input type="checkbox"/> Others 其它: _____</li></ul>
---	--

**Do you have any of the health conditions listed below** 您是否有以下哪一列的病状:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Stroke / Brain Injury 中风/脑损伤          | <input type="checkbox"/> Diabetes 糖尿病                              | <input type="checkbox"/> Mental Emotional Stress 情绪压力 |
| <input type="checkbox"/> Heart Attack / Heart Problem 心脏病/心脏问题 | <input type="checkbox"/> Kidney Problem / Urinary Problem 肾问题/泌尿问题 | <input type="checkbox"/> Gout 痛风                      |
| <input type="checkbox"/> High / Low Blood Pressure 高/低血压       | <input type="checkbox"/> Liver Problem 肝脏问题                        | <input type="checkbox"/> Arthritis 关节炎                |
| <input type="checkbox"/> Weight Problem 体重问题                   | <input type="checkbox"/> Cancer / Tumor 癌症/肿瘤                      | <input type="checkbox"/> Rheumatoid 风湿病               |
|  |  | <input type="checkbox"/> Allergies 敏感 Type: _____     |

**Women only** 女人状况:

- |  |                               |                                |
|--|-------------------------------|--------------------------------|
| Are you pregnant? 您是否怀孕?                       | <input type="checkbox"/> No 否 | <input type="checkbox"/> Yes 是 |
| Are you nursing an infant? 您是否有看护小宝宝?          | <input type="checkbox"/> No 否 | <input type="checkbox"/> Yes 是 |
| Do you have irregular cycles? 您是否有不规律的月经周期?    | <input type="checkbox"/> No 否 | <input type="checkbox"/> Yes 是 |
| Are you taking birth control pills? 您是否有服用节育药? | <input type="checkbox"/> No 否 | <input type="checkbox"/> Yes 是 |
| Do you experience painful periods? 您是否有疼痛的月经?  | <input type="checkbox"/> No 否 | <input type="checkbox"/> Yes 是 |

*“Subluxations can put pressure on the nerves for a long time even before you feel it.”*

**Please list your Spine / Health problems in order of SEVERITY below:** 已次序排列，写下您最严重的病状:

<p>1) <b>Health symptom:</b> 疼痛部位: _____</p> <p><b>What makes it better?</b> 什么使它好? _____</p> <p><b>Is the pain:</b> 各种痛: <input type="checkbox"/> Sharp 锐痛 <input type="checkbox"/> Aching 酸痛 <input type="checkbox"/> Burning 灼痛 <input type="checkbox"/> Dull 钝痛 <input type="checkbox"/> Constant 经常 <input type="checkbox"/> Comes and goes 有时</p> <p><b>How did it happen?</b> 如何发生? <input type="checkbox"/> Old problem 旧病 <input type="checkbox"/> Do not know 不知道</p> <p><input type="checkbox"/> Injuries 受伤: At home 在家 / Sports 运动 / At work 工作 / Fall 跌倒 / Car accident 车祸 / Explain 解释: _____</p>	<p><b>Since when?</b> 从何时开始? _____</p> <p><b>or worse?</b> 或更严重? _____</p>
<p>2) <b>Health symptom:</b> 疼痛部位: _____</p> <p><b>What makes it better?</b> 什么使它好? _____</p> <p><b>Is the pain:</b> 各种痛: <input type="checkbox"/> Sharp 锐痛 <input type="checkbox"/> Aching 酸痛 <input type="checkbox"/> Burning 灼痛 <input type="checkbox"/> Dull 钝痛 <input type="checkbox"/> Constant 经常 <input type="checkbox"/> Comes and goes 有时</p> <p><b>How did it happen?</b> 如何发生? <input type="checkbox"/> Old problem 旧病 <input type="checkbox"/> Do not know 不知道</p> <p><input type="checkbox"/> Injuries 受伤: At home 在家 / Sports 运动 / At work 工作 / Fall 跌倒 / Car accident 车祸 / Explain 解释: _____</p>	<p><b>Since when?</b> 从何时开始? _____</p> <p><b>or worse?</b> 或更严重? _____</p>

*“Injuries of the spine or joints that are not corrected properly will degenerate and become problematic over time.”*

*“Injuries, big or small, to the spine can manifest as symptoms like pain, numbness, stiffness or organ dysfunction.”*

## **INJURIES** 受伤

Have you had any injuries or accidents while at work? How long ago? 您在工作时期是否有曾经受伤? 在多久以前?

What sports or games do you play? 您在进行些什么运动或游戏?

Current 现在

Past 以前

Have you had any sports injuries or accidents outside of work? 您在工作岗位外是否有曾经受伤?

Any serious injuries at home e.g. slips or falls? 您在家里是否有曾经严重的受伤? 比如: 滑倒或跌倒?

Motor vehicle accidents? How long ago? 您是否有曾经发生车祸? 在多久以前?

Do you recall any significant falls or accidents or injuries as a child / teenager? (Research shows that by the age of 12, children have had over 400 traumas to their spine) 您在童年/少年时, 是否有曾经发生车祸, 跌到, 扭伤等意外? (根据调查显示12岁的小孩已有400个脊椎创伤)

Have you had any hospitalizations, operations or surgeries in your lifetime? 您是否有曾经住院或动过手术? 请详细说明:

Broken bones / Reconstructions 骨折/骨骼重建:

*“Chronic bad posture and bad office ergonomics at the workplace can injure and put a large stress on your spine.”*

## **WORKPLACE** 工作场所

What is your present occupation? For how long? 现在从事什么工作? 有多久了?

What is your past occupation? For how long? 以前从事什么工作? 有多久了?

Nature of work and duration involved per day. 工作性质 (Please tick 请打勾)

Walking 走 \_\_\_\_\_ hrs/day 1天几个小时

Sitting in front of the computer 坐在电脑前面 \_\_\_\_\_ hrs/day 1天几个小时

Standing 站 \_\_\_\_\_ hrs/day 1天几个小时

Lifting heavy objects 提重物 \_\_\_\_\_ hrs/day 1天几个小时

Bending 弯腰 \_\_\_\_\_ hrs/day 1天几个小时

*“Is your lifestyle affecting your health?”*

## **LIFESTYLE** 生活习惯

Do you 您是否有 (Please tick 请打勾)

Smoke 吸烟 Packs per day/week 1天或1个星期几包: \_\_\_\_\_

Drink alcohol 喝酒 Drinks per day/week 1天或1个星期几杯酒: \_\_\_\_\_

Drink coffee 喝咖啡 Cups per day 1天几杯: \_\_\_\_\_

How many hours do you sleep? 您1天睡几个小时? \_\_\_\_\_ hours per day 1天几个小时

Spend at work? 您1天在工作岗位几个小时? \_\_\_\_\_ hours per week 1星期几个小时

Do you exercise regularly? 您是否有定期地运动?  No 否  Moderate 温和的  Daily type of exercise(s) 每日运动类型: \_\_\_\_\_

Do you wear 您是否有穿:  High heels 高跟鞋  Foot orthotics 帮助脚矫正的鞋  Heel lifts 鞋跟皮层  Arch supports 拱形支架

*“Spinal injuries or misalignment is called Vertebral Subluxation.”*