

Treatment Application

The Office Of Active Chiropractic

This treatment application is the first step in assisting the doctor in determining if you are a candidate for our non-surgical procedures and specialized treatment technology. Please answer the following questions honestly and to the best of your knowledge.

这份表格是在协助医生判断您是否适合接受我们的无手术与专业的治疗技术。请诚实地回答以下的问题。

Surname 姓 _____ Name 名 _____ Date 日期 _____

Address 地址 _____ Postal Code 邮政号码 (_____)

IC or Passport 身份证或护照 # _____ Date of Birth 出生日期 _____ Age 年龄 _____

Gender 性别 M 男 F 女 Home Phone 住家电话 _____ Mobile 手机号码 _____

Occupation 职业 _____ Employer's Name 雇主名 _____

E-Mail 电子邮件 _____

Do you wish to receive our newsletter through email on the latest health tips on wellness, nutrition and exercise? Y N
你希望通过电子邮件收到的关于健康，营养和运动的最新健康资讯？

Marital Status 婚姻状况: S M D W No. of children 孩子 _____ Pregnant 怀孕? _____

Spouse/Guardian Name _____ Spouse Occupation/Employer _____
配偶/监护人姓名 配偶职业/雇主

How Did You Hear About Us? 您是如何知道我们？

- Wanbao 晚报 Shin Min 新明 Today 今日 TV 电视 Website 网站
- MD Referral 医生推荐 Chiropractic Referral 脊椎神经医生推荐
- Physical Therapist Referral 物理治疗师推荐 Event Booth 展销站
- Facebook 脸书 Internet Search 网际网络 Other 其他 _____

If you were referred, whom can we thank for referring you? 我们要感谢谁推荐您? _____

Medical Doctor Name 医生的名字 _____ Phone 电话 _____

M.D. Address 医生的地址 _____

- What Is Your Main Problem / Symptom Prompting Your Request For A Consultation With Our Doctor?

您前来咨询我们的医生最主要的问题/症状是什么？

- Would You Consider This Problem (check one): 你会考虑这个问题 (选一) :

- MINIMAL (Annoying but causing NO limitations) 极小 (懊恼, 但没有造成局限性)
- SLIGHT (Tolerable but causing a little limitation) 轻微 (可容忍, 但造成一点点的局限性)
- MODERATE (Sometimes tolerable but definite cause of limitations) 中等 (有时可容忍, 但有一定的局限性)
- SEVERE (Causing Significant limitations) 严重 (造成重大的局限性)
- EXTREME (Causing near constant limitations) 极端 (造成恒久的局限性)

- Since your problem began, what three things has it caused you to miss the most?
由于以上的问题/症状，哪三样事情/活动有受到影响？

1) _____ 2) _____ 3) _____

- On a scale of 1 – 10 (10 being unbearable pain, 0 being NO Pain or Discomfort) Please rate the following:
1 到 10 (10 难以忍受的痛苦, 0 没有疼痛或不适) 请列以下:

The HIGHEST level of pain WITHOUT medication 严重疼痛但无需药物 _____
 The LOWEST level of pain WITHOUT medication 极小疼痛但无需药物 _____
 The HIGHEST level of pain WITH medication 严重疼痛但服食药物 _____
 The LOWEST level of pain WITH medication 极小疼痛但服食药物 _____

- What kind of treatments have you received for your problem/pain? 您接收过什么样的治疗?

Physical Therapy 物理治疗 Chiropractic 脊椎矫正 Acupuncture 针灸
 Pain Medications 止痛药物 TCM 中医

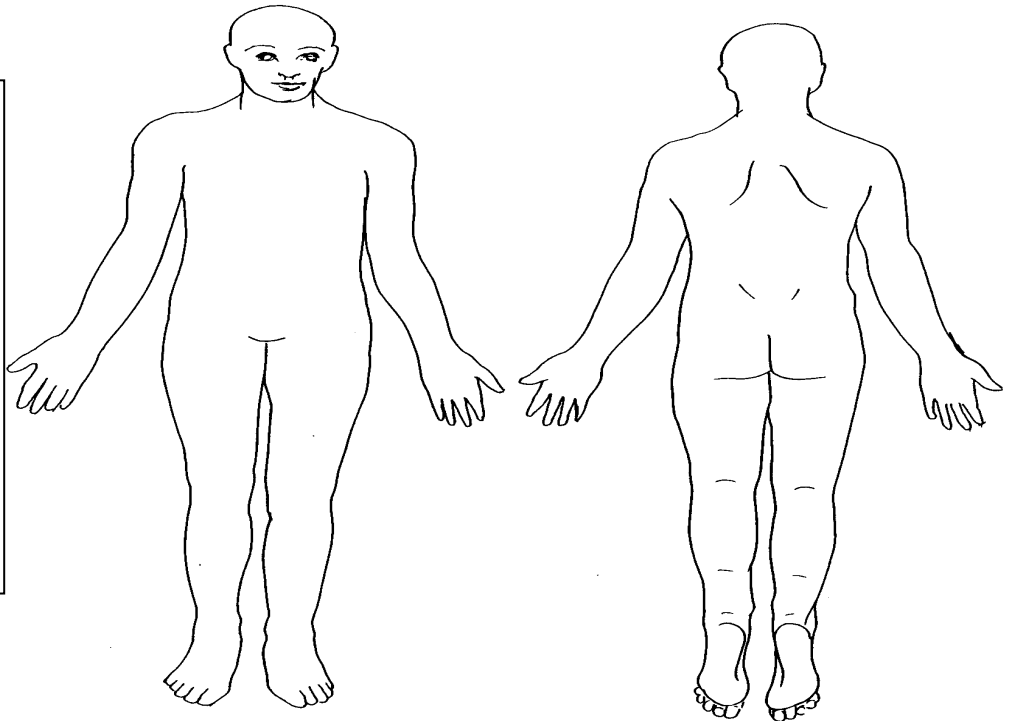
Which Meds Are You Taking 您服食哪些药物: _____

- Spinal Injections 脊髓注射 How Many 多少? _____ Date of Last Injection 注射日期 _____
- Spinal Surgery Type and Date 脊髓手术类型和日期 _____

Using the key below mark the drawing in the location(s) you have pain or altered sensation, with the letter that best describes what you are feeling:

请用以下的字母最能描述您疼痛的感觉，并在图纸上标记位置：

A = Ache 疼痛
B = Burning 刺热感觉
D = Dull 深沉
N = Numbness 麻痹
S = Stiffness 僵硬
SH = Sharp Pain 剧烈的疼痛
ST = Stabbing Pain 刺痛
T = Tingling 针刺感觉
TH = Throbbing 脉动



- Does your pain wake you up at night? 您半夜会因痛苦而醒来吗?
 Yes 是 No 否 How Often 多常? _____

- What activities/movements guarantee to make your problem worse? 什么活动/运动会加剧您的问题?

- During a typical day, when is your pain the worst? 在一天里, 什么时候感觉最疼痛?

- What position do you sleep in at night? 您晚上睡觉的姿势? _____

- Due To Your Main Problem; 由于您的主要问题;
- a) Have You Lost Any Time From Work (If Applicable)? 您是否因此而损失了工作时间? Yes 是 No 否
 Average Lost Work Time? 平均损失的工作时间? _____
 What Work Tasks Have Been Limited? 什么样的工作任务已受到局限性? _____
- b) Any Specific Chores or Tasks At Home You Are Limited In or Can No Longer Do?
 任何具体的琐事, 或在家中或有局限性的任务再也不能做?
 Please List 请列出 _____

- Have you ever had a surgical repair of an abdominal aortic aneurysm? 您是否动过腹主动脉瘤的手术修复
 Yes 是 No 否

- Have you ever fractured your spine or pelvis? 您是否有过脊柱或骨盆骨折? Yes 是 No 否
 If yes, please explain 如果有, 请解释: _____

- Have you ever been diagnosed with osteoporosis? 您曾经被诊断患有骨质疏松症? Yes 是 No 否
 If yes, did you receive a bone density test? 如果有, 您有没有测试骨密度? Yes 是 No 否

- What is your biggest concern if you are unable to find a solution to your main problem?
 如果您无法找到您主要问题的解决方案, 什么是您最顾虑的?

- Any reason that you would not be able to follow doctor' s recommendations 什么理由, 您无法遵从医生的建议?
 Financial 金钱____ Time 时间____ Location 地点____ Other 其他_____

The last section of this application is the General Health History Section. Please complete this section thoroughly and answer to the best of your knowledge. 最后一页是一般的健康史科。请彻底完成并给予最佳的答案。

Do you have or had in the past any trouble with:

您是否有或曾经有过:

Musculoskeletal 肌肉-骨骼

- Muscle Stiffness 肌肉僵硬
- Pain in Upper Arm/Elbow/Wrist 上臂疼痛/手肘疼痛/手腕疼痛
- Pain in Hip & Upper Leg 臀部及大腿部疼痛
- Pain in Lower Leg & Knee 小腿及膝盖疼痛
- Pain in Ankle & Foot 踝部及足部疼痛
- Swelling in Joints 关节浮肿
- Other Joint Pain 其他关节痛
- Neck Pain 颈部疼痛
- Shoulder Pain 肩部疼痛
- Jaw Pain 下颚疼痛
- Upper Back Pain 背上部疼痛
- Arthritis 关节炎
- Low Back Pain 背下部疼痛

Nervous System 神经系统

- Pins & Needles 针刺感觉
- Numbness 麻痹
- Insomnia 失眠
- Fainting 昏
- Dizziness 头晕
- Muscular in Coordination 肌肉不规律
- Tinnitus (ear noise) 耳鸣
- Impaired Vision 视觉损坏
- Paralysis 瘫痪
- Burning Sensation 刺热感觉
- Depression 沮丧感
- Bed Wetting 尿床
- Convulsion 抽筋
- Headache 头痛
- Hearing Loss 失去听觉
- Ear Pain 耳朵疼痛
- Eye Pain 眼部疼痛

Cardiovascular System 心血管系统

- Rapid Heart Rate 心脏加速
- Heart Attack 心脏病
- Heart Palpitations 心悸
- High Blood Pressure 高血压
- Cold & Hot Hands or Feet 手脚冰冷或发热
- Poor Circulation 血液循环不良
- Chest Pain 胸口疼痛
- Stroke 中风
- Angina 心绞痛
- High Cholesterol 高胆固醇
- Other Troubles, please specify 其他困扰, 请列明:

Endocrine System 内分泌系统

- Weight Gain/Loss 体重曾加/下降
- Hot Flashes
- Loss of Appetite 没有胃口

Digestive System 消化系统

- Indigestion/Heartburn 消化不良/心灼热感
- Reflux Gas 胃气回流
- Constipation 便秘
- Abdominal Pain 腹部疼痛
- Irritable Bowel Syndrome
- Gall Bladder Problem 胆囊问题
- Black/White Stool 黑/白粪便
- Bloating, Burning 气胀, 刺热
- Diarrhea 腹泻
- Difficult Swallowing 吞食困难
- Ulcer 溃疡

Urinary System 泌尿系统

- Retained Fluid 排便不溜, 有保留
- Painful Urination 排尿疼痛
- Kidney Stone 肾结石
- Bleeding 流血
- Loss of Bladder Control 膀胱失调
- Frequent Urination 频尿
- Bladder Infection 膀胱感染

Reproductive System 生殖系统

- Trouble with Erection or Ejaculation 不举或困扰
- Low Fertility 底生育率
- Miscarriage 流
- Pain during Menses 经痛
- Menopausal Symptoms 更年期征兆
- Testicular Pain 睾丸痛
- Irregularity Menses 经期不规律

Skin 皮肤

- Skin Rashes 皮肤疹
- Eczema 湿疹
- Itchiness 痒
- Acne 粉刺

Respiratory System 呼吸管

- Sinus problem 鼻翼问题
- Emphysema 气肿
- Chronic Cough 长期咳
- Asthma 哮喘
- Shortness of Breath 不够气

Other 其他

- Frequent Cold 惯性感冒
- Cancer 癌症
- Allergies 敏感
- Hemorrhoids 痔疮
- Flu 伤风
- Diabetes 糖尿病
- Rheumatic Heart Disease 人体免疫缺损病
- HIV Positive/AIDS 病毒/爱滋病
- Drug or Alcohol Dependency 酒精或药物中毒

Signature: _____

**1Orchard Blvd #07-01
Camden Medical Centre
Singapore 248649
Tel-(65)6836 0833
Fax-(65)6836 083**