

Date _____

Is your visit due to an accident? (사고로 오늘 병원을 찾으셨습니까?) Yes / No

PATIENT INFORMATION Date of Accident (사고날짜) _____ Time of Accident(시간) _____

Name(성명) _____ Occupation(직업) _____

Address(주소) _____

Home Phone #(집전화) _____ SS# (소셜) _____ - _____ - _____

Cell Phone#(핸드폰) _____ Work Phone#(직장전화) _____

Date of Birth(생년월일) _____ Age(나이) _____ Sex(성별) M / F

Height(신장) _____ Weight(몸무게) _____ LB Married (결혼유무) Yes / No

Employer(근무처) _____

In case of Emergency contact #(비상시 연락처) _____

PRESENT COMPLAINTS

Briefly Describe Symptoms(증상을 간단히 요약) _____

Date symptoms begin (증상이 시작된 시기) _____

Have you seen other doctors for this condition(다른 의사를 찾은 적이 있나요?) Yes / No

PAST MEDICAL HISTORY

Circle the condition.(둥그라미 치시오)

- | | | |
|--------------------------|----------------------------|-----------------------------|
| cancer(암) | muscular dystrophy(근위축증) | rheumatic fever(류마티즘증열) |
| polio(소아마비) | multiple sclerosis(다발성경화증) | scarlet fever(성홍열) |
| tuberculosis(결핵) | convulsions(발작) | nervousness(불안함) |
| high blood pressure(고혈압) | epilepsy(간질) | asthma(천식) |
| heart disease(심장병) | concussion(뇌진탕) | digestive disorder(소화기능 장애) |
| diabetes(당뇨) | dizziness(혈기증) | sinus troubles(공동장애) |
| hepatitis(간염) | arthritis(관절염) | backaches(허리/등 통증) |
| german measles(풍진) | neuritis(신경염) | numbness(무감각증) |
| venereal disease(성병) | rheumatism(류마티즘) | anemia(빈혈) |

Describe the operation you have had (수술 받은 적이 있으면 기재하여 주십시오)

Have you been treated by physician for any health condition in the last year? Yes / No

작년에 병원을 찾은 일이 있습니까? Yes / No

Describe condition (병명) _____ Date of Last Physical (마지막 정기검진일) _____

Are you taking any medication? (드시는 약이 있습니까) Yes / No What _____

First date of last menstrual period? (마지막 생리 시작일) _____))

Are you pregnant or possibility of being pregnant (임신일 가능성이 있습니까?) Yes / No

Metal device in the body (금속물질이 몸 안에 있습니까) Yes / No