

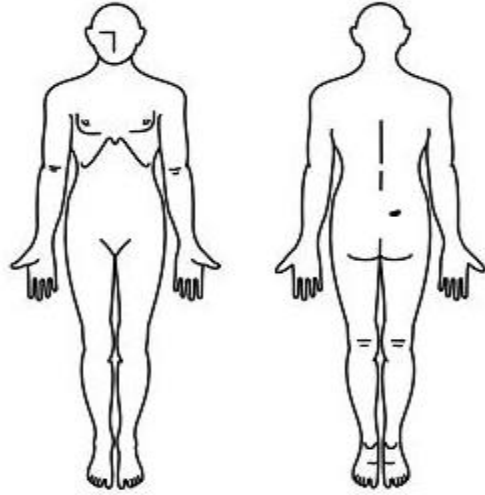
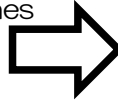
Medical Interview sheet

ID

Nationality		M • F	Age		Birth	y	/m	/d
Name								
Address					Phone (number)	()	—
						()	—

1. What kind of symptoms do you have? ♦Please circle on the picture

Pain • Deformation • Swelling • Numbness
other ()



- When did it start? ()
- What is the cause of your symptoms?
 - During work or Going to work
 - ※ You can't use your insurance card
 - Traffic accident ● School injury
 - Sport (what kind of sport? :)
 - Other ()

Height(cm) • Weight(kg)

2. Have you ever attended a hospital with the same symptoms?

NO YES ()

3. Please circle the diseases that you have before.

Hypertension Diabetes Heartdisease Stroke Rheumatism
Asthma Gout Others () Nothing

4. Have you ever had any operations?

NO YES

year name of disease : () operation • treatment ()
year name of disease : () operation • treatment ()

5. Are you currently taking medications? (Do you have your medication notebook today?)

NO YES ()

6. Have you ever had any allergies? (please circle if you have)

Medicines Anesthesia Rubber Metal Food ()
Others () Nothing

7. Interview for woman

• Are you pregnant? NO YES • Are you breastfeeding? NO YES None of them

8. How do you know our clinic? Please circle it.

Referral • Family/Friend refer • Telephone poles advertising • Bus audio advertising • Stait
Shopping street audio advertising • Internet • Neighborhood • Others ()