MIT 医务中心

Patient Health History 患者健康状况调查表

office use only - place label or print here
此栏仅由医疗机构填写 – 贴上标签或正体书写

Patient name 患者姓名：____________________
MRN 病历号：____________________
DOB 出生年月：____________________
Date 填写日期：____________________

Dear Patient 亲爱的患者：

The following questions will help us complete a comprehensive assessment of your health as part of your visit today. If you object to answering any of these questions or if you find any of them unclear or too personal, just leave them blank. We can discuss any concerns during your visit. This form will be filed in your confidential medical record along with the notes of your visit today. 作为您今天就诊的内容之一，下面的问题将帮助我们完成对您的健康状况的全面评估。如果您不愿回答某些问题，或您发现某些问题不明确或太涉及私人的情况，请尽管让这些问题空着不必作答。您就诊时我们可以讨论您关切的事。本表连同您今天就诊的记录一起将被放入您的私密病历档案。

Reason for Visit / What do you want to talk about 就诊原因/您想和医师谈什么

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1. PATIENT HISTORY 患者病史

Have you ever, or do you now have any of the following? 您曾经或现在有下列疾病吗？

- ❑ anemia (贫血)
- ❑ anorexia (厌食症)
- ❑ arthritis (关节炎)
- ❑ asthma (气喘)
- ❑ cancer (癌症)
- ❑ chicken pox (水痘)
- ❑ eating problems (饮食障碍)
- ❑ depression (忧郁症)
- ❑ diabetes (糖尿病)
- ❑ epilepsy or seizures (癫痫)
- ❑ heart disease (心脏病)
- ❑ high/low blood pressure (高/低血压)
- ❑ melanoma (黑色素瘤)
- ❑ menstrual problems (月经不调)
- ❑ migraines (偏头痛)
- ❑ sexually transmitted disease (性病)
- ❑ thyroid problems (甲状腺疾病)
- ❑ other, please list (其它，请列出) ____________________

Have you had any recent weight gain/loss? 您最近有体重增加/减轻情况吗？ ❑ yes 有 ❑ no 无

Have you recently experienced sadness, stress, or anxiety that interfered with your daily activities?
您最近是否感到悲伤、紧张、忧虑以致影响您的每日起居？ ❑ yes 有 ❑ no 无

Do you currently have pain? 您最近有疼痛吗？ ❑ yes 有 ❑ no 无

If yes, please rate your pain on a scale from 0-10.
如回答有，请用 0 到 10 的数字表示疼痛的程度（0 = no pain 不痛， 10 = worst pain 剧痛）。____________________

If yes, location of pain. 如回答有，请说明疼痛的部位。____________________

Please list all hospitalizations you have had (surgical, medical, psychiatric) and the year? 请列出您曾经住院的各次治疗（外科、内科、精神科）以及住院的年份 ____________________

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2. FAMILY HISTORY 家属病史

	Diabetes (糖尿病)	Hypertension/ High Blood Pressure (高血压)	High Cholesterol (高胆固醇)	Heart Attack (心脏病发作)	Cancer (type) (癌症 (类型))	Genetic Disease (遗传疾病)	Other (type) (其它 (类型))
Father 父亲							
Mother 母亲							
Sibling 兄弟姐妹							
Other blood relative 其他血缘亲属							

3. HEALTH RISK ASSESSMENT 健康隐患评估

Do you drink alcohol? 您喝酒吗？	❑ yes 喝 ❑ no 不喝 If yes, # of drinks per week 如喝请写明每周喝的罐数__________
Do you smoke? 您吸烟吗？	❑ yes 吸 ❑ no 不吸 If yes, # of cigarettes per day 如吸请写明每天吸的支数__________
Have you ever used recreational/ street drugs? 您曾经用过休闲性/街头毒品吗？	❑ yes 用过 ❑ no 没有用过
Have you ever misused prescribed drugs? 您曾滥用配方药吗？	❑ yes 有 ❑ no 没有
Do you exercise regularly? 您经常锻炼身体吗？	❑ yes 锻炼 ❑ no 不锻炼
Are you satisfied with your eating habits? 您对自己饮食习惯满意吗？	❑ yes 满意 ❑ no 不满意
Are there any significant issues affecting family/ significant others? 是否有影响家庭/影响其他人的重要事情吗？	❑ yes 有 ❑ no 没有
If yes, please explain 如有请说明__________	
Are there any religious/ cultural consideration regarding your care? 您的医疗是否有宗教/文化方面的考虑？	❑ yes 有 ❑ no 没有
If yes, please explain 如有请说明__________	
Do you have any questions about sexually transmitted diseases? 您对性传播疾病有什么疑问吗？	❑ yes 有 ❑ no 没有
Would you like to be tested for STDs? 您愿意接受性传播疾病的试验吗？	❑ yes 原意 ❑ no 不原意

4. MEDICATIONS, ALLERGIES, and IMMUNIZATIONS 药物、过敏和免疫接种

Please complete section 4 A - C, **unless** you have a POL* account and you have reviewed and verified the accuracy of the information in your account. 除非您有患者网上账户（POL*）并已查阅并核实您账户资料的准确性，不然请填写 4 A – C。

*** For more information on Patient Online (POL), please visit 有关患者网上账户的详细资料请访问网站：**
http://web.mit.edu/medical/login.html

A. Medications 药物

List any prescription and nonprescription medication you take regularly (include OTC, herbals, vitamins, etc)
请列出您经常服用的配方药和非配方药（包括非处方药、草药、维生素等）

B. Allergies 过敏

Do you have any allergies to medications? 您有药物过敏吗？ ❑ yes 有 ❑ no 没有

If yes, please list medication(s) and reaction 如有请列出药物及反应：

Do you have any of the following allergies? 您对下面各种过敏吗？

❑ 食物 ❑ 乳胶 ❑ 药物 ❑ 环境 ❑ 其它

C. Immunizations 免疫接种

Tetanus/ diphtheria (recommended every 10 years) 破伤风/白喉（建议每 10 年接种一次）	Date 日期			
Annual flu vaccines? 每年接种流感疫苗？	❑ yes 接种	❑ no 没有		
Hepatitis B (check one) B 型肝炎（钩选一项）	❑ had illness 有病	❑ vaccinated 接种	❑ not vaccinated 未接种	❑ don't know 不知道
Chicken pox (check one) 水痘（钩选一项）	❑ had illness 有病	❑ vaccinated 接种	❑ not vaccinated未接种	❑ don't know 不知道
Pneumococcal 肺炎球菌	Date 日期			
Other vaccines, please list with name and date: 其它疫苗，请列出疫苗名称和接种日期：				

5. FUNCTIONAL ASSESSMENT (生活起居评估)

Does your health limit you in any activities? 您的健康状况妨碍您每天的活动吗？

working 工作	❑ yes 妨碍	❑ no 不妨碍
daily chores 日常家务	❑ yes 妨碍	❑ no 不妨碍
moderate exercise 轻度锻炼	❑ yes 妨碍	❑ no 不妨碍
vigorous exercise 剧烈锻炼	❑ yes 妨碍	❑ no 不妨碍

If yes, please explain 如妨碍请说明 ______________________________

6. LEARNING NEEDS ASSESSMENT 认知需求评估

Do you have any of the following? 您有下列情况吗？

learning disabilities 学习障碍	❑ yes 有	❑ no 没有
visual limitations 视觉障碍	❑ yes 有	❑ no 没有
hearing limitations 听觉障碍	❑ yes 有	❑ no 没有

If yes, please explain 如有请说明______________________________

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The health and wellness of everyone in the MIT community is important to us at MIT Medical. We recommend the following:
麻省理工学院医疗中心（MIT Medical）十分重视麻省理工学院社区的每个人的健康和安宁。我们建议大家：

- Condom use during sexual activity to reduce the risk of STDs and unintended pregnancy.
  请在性行为时使用避孕套以防止性传播疾病和非预期的怀孕。
- Use of automobile safety belts to reduce the risk of injury or death, which is the law in Massachusetts.
  请使用汽车安全带以减少受伤和死亡的危险，麻省法律有此规定。
- Use of helmets while bicycling, roller blading, skate boarding, etc to reduce the risk of injury.
  骑自行车、玩直排轮滑、滑板运动等时请戴头盔以减少受伤的危险。
- Home smoke detectors to reduce the risk of injury or damage from a fire.
  请在家里安装烟雾探测器以防止火灾所造成的伤害和损失。
- Use of sunscreen SPF 15 or higher for you and your children when in the outdoor sun.
  您和您的孩子在户外晒太阳时请使用 SPF 15 或更高级别的防晒油。

SIGNATURE 签字

Patient signature 病人签字______________________________ Date 日期____________

Provider signature 医疗机构签字______________________________ Date 日期____________