

<b>Full name 全名(Underline Surname 在姓氏下划线)</b>		<b>Date of Birth 生日(DD/MM/YYYY) (日/月/年)</b> / /	
<b>Height(cm)身高(公分)</b>	<b>Weight(kg)体重(公斤)</b>	<b>Blood pressure 血压</b> /	
<b>Drug allergy 药物过敏</b> No 无 Yes 有 Allergic reaction 过敏反应:		<b>Smoking status 吸烟历史</b> Never smoked 从来不抽烟 Current 目前有吸烟 Ex smoker 以前抽烟过 - Date Quit 几时戒烟: / /	
<b>Vaccination history 接种记录</b> Childhood Immunisation 小儿疫苗 Fully immunised 完全接种 Partially immunised 部份接种 Not immunised 从没接种 Last tetanus date 最近接种破伤风日期 / /		<b>Alcohol status 饮酒历史:</b> Never 从不饮酒 Rarely drink 很少饮酒(< 1 drink per month) Drink regularly 常饮酒(>1 per week or everyday): Quantity 饮酒数量 - drinks per week 每周	
<b>List of medications you are currently on (include over-the-counter medications, supplements, herbal therapy or recreational drugs)</b> 您现在有服用的药物(包括超市和药房买得到的非处方药物, 保健品, 中药 或者毒品)			
<b>Medical History 疾病史</b>			
Hypertension 高血压	Heart disease 心脏病	Autoimmune disease 自体免自系统疾病	
Diabetes 糖尿病	Gastric disease 胃病	Neurological disorder 脑神经系统疾病	
Gout 痛风	Liver disease 肝病	Arthritis 关节炎	
Hepatitis 肝炎	Renal disease 肾病	Bleeding disorder 血友病	
Asthma 哮喘	Lung disease 肺病	Gynae condition 妇科疾病	
Cancer 癌症	Stroke 中风	Dementia 痴呆症	
Tuberculosis 结核病	Epilepsy 癫痫症		
Other 其他:			
<b>Surgical History 手术史</b>			
<b>Family History 家族病史</b>			
First-degree relative hospitalised or having died due to a heart attack or stroke before age 50 直系家属五十岁前因为心脏病或者中风而住院或死亡			
Diabetes 糖尿病	High Cholesterol 高血脂	High blood pressure 高血压	
Arthritis 关节炎	Asthma 哮喘	Bleeding disorder 血友病	
Gastric disease 胃病	Gout 痛风	Liver disease 肝病	
Renal disease 肾病	Tuberculosis 结核病		
Cancer 癌症 - please state what cancer 哪种癌症			
Other genetic disorders and inherited disease 其他遗传性疾病			

Once completed, please email to 填完以上表格请邮件到 : [nurse@rhdoctors.nz](mailto:nurse@rhdoctors.nz)