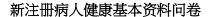
New Patient Health Questionnaire





Full name 全名(Underline Surname 在姓氏下划线) Date of Birth 生日(DD/MM/YYYY) (日/月/年) Height(cm)身高(公分) Weight(kg)体重(公斤) Blood pressure 血压 / Drug allergy 药物过敏 Smoking status 吸烟历史 No 无 Never smoked 从来不抽烟 Yes 有 Allergic reaction 过敏反应: Current 目前有吸烟 Ex smoker 以前抽烟过 - Date Quit 几时戒烟: Vaccination history 接种记录 Alcohol status 饮酒历史: Childhood Immunisation 小儿疫苗 Never 从不饮酒 Fully immunised 完全接种 Rarely drink 很少饮酒(< 1 drink per month) Partially immunised 部份接种 Drink regularly 常饮酒(>1 per week or everyday): Not immunised 从没接种 Quantity 饮酒数量 drinks per week 每周 Last tetanus date 最近接种破伤风日期 /

List of medications you are currently on (include over-the-counter medications, supplements, herbal therapy or recreational drugs)

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)

Medical History 疾病史

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 癲痫症

Other 其他:

Surgical History 手术史

Family History 家族病史

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