Christopher Chow D.P.M.
Podiatric Surgeon
鄒国雄 醫生 腳科專科

139 Centre Street, Suite 702, New York, NY 10013 Tel: (212) 226-6888
41-61 Kissena Blvd, Suite C, Flushing, NY 11355 Tel: (718) 888-1836

Date: _____

Patient's Information 病人資料

Patient Name (病人姓名): _____ **DOB (出生日期):** _____

S.S.#(工卡號碼): _____ **Sex(性別)** ☐ **M(男)** ☐ **F(女)** ☐**Single 單身** ☐**Married 已婚** ☐**Other 其他**

Home Address (住址): _____

Home Phone (住址電話): _____ **Cell Phone (手機):** _____

Current Occupation (職業): _____ **Employer (顧主):** _____

Emergency Contact(緊急聯絡人): _____ **Relationship(關係):** _____ **Phone (電話):** _____

Family Doctor (家庭醫生): _____ **Referred By (介紹人):** _____
Has Dr. Chow previously treated any member of your family: Yes (有):___**No (沒有):**____ **Name:** _____
可有家庭成員曾經看過鄒国雄 醫生?

Insurance Information 保險資料

Insured's Name (受保人姓名): _____ **Date of Birth (出生日期):** _____

Relation to Patient (和病人的關係): _____ **Social Security # (工卡號碼):** _____

Acknowledgment of HIPPAA notice of privacy practices 醫療資料保密通知

☐ **I herby acknowledge that I have full reviewed and/or have received a complete copy of the HIPAA notice of privacy practices provided by the staff of this office.**
為遵守健康保健流通和職責法案的規定，此醫務所之人員已公佈或併提供了一份醫療保密通知書的內容，本人在此認同並聲明, 我 已審閱或已得取此通知的複印本。

Signature 簽名: X_____

☐ **I hereby authorize payment to be made directly to Dr. Christopher Chow for any medical or surgical benefits performed by him. I understand that I am fully responsible for any charges that may apply if it not cover by my insurance. I also give permission for the use of any photographs, fluoroscopy injection or X-rays of this case for medical lectures, publications, or teaching purpose.**
我同意由我受保的保險公司直接支付鄒國雄醫生提供服務的醫療費用。如果我的醫療保險無效時，我願意負責結清鄒國雄醫生的診金和治療費用。

Patient's/Guardian Name (Please printed): _____ **Relationship:** _____
病人/監護人姓名（正楷） 與病人關係

Signature 簽名: X _____ **Date 日期:** _____

Form revised: July 15, 2014

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Medical History 病史

Patient's Name 病人姓名: _____ **DOB 出生日期:** _____

Have you ever had surgery or injury in the past? If yes, please list all surgeries and injuries: 請寫下所有手術 及損傷:

_____

Is your visit related to an injury at work? 這次應診是不是因工作受傷? ☐ **Yes 是** ☐ **No 不是**

Is your visit related to a car accident? 這次應診是不是因為車禍? ☐ **Yes 是** ☐ **No 不是**

Are you allergic to any medication or food? 有沒有對任何藥物或食物過敏？ ☐ **Yes 有** ☐ **No 沒有**
If yes, please list the name of the medication or the food: 如果有對任何藥物或食物過敏, 請寫下:

_____

List of medications you are currently taking: 請寫下現在服用的藥物:

_____

Are you diabetic? 你有沒有糖尿病？ ☐ **Yes 有** ☐ **No 沒有**

If yes, do you ☐ **Use insulin? 有沒有打胰島素？** ☐ **Take tablets? 有沒有吃糖尿病藥？**

Do you have or had any of the following medical conditions: 你是否曾經或現在有以下症狀

	Yes 有	No 沒有			Yes 有	No 沒有
Pregnant 是否怀孕				Anemia 贫血		
Alcohol 喝酒				Circulatory Problems 血液循环问题		
Smoke 抽煙				Low Blood Pressure 低血壓		
Arthritis 关节炎				High Blood Pressure 高血壓		
Rheumatoid Arthritis /Lupus 痛風濕				High Cholesterol Levels 高膽固醇		
Artificial Joints 人工關節				Glaucoma 白内障/青光眼		
Osteoporosis 骨質酥鬆				Hepatitis 肝炎		
Heart Attack 心臟病				Kidney Disease 肾病		
Pacemaker 心臟起搏器				Thyroid Problem 甲状腺问题		
Myocardial Infarction 心絞痛				Tuberculosis 肺结核		
Irregular Heart Rate 心跳不規律				Asthma 哮喘病		
Nervous Problem 手脚麻痹				Ulcer 溃疡		
Swelling of Foot or Ankle 脚或脚踝肿胀				Stomach Problems 胃病		
Gout 痛風				Stroke 中风		
Varicose Veins 靜脈曲張				Cancer 癌症		

Do you have or had any other diseases or medical problem NOT listed on this form?
If so, please list: 如有其他健康問題，請列出 _____

To the best of my knowledge, I have answered every question completely and accurately. I will inform my podiatrist Of any changes in my health. 我已經盡我所知，完整及正確回答以上問題！如有任何身體狀況變化，我將通知鄒醫生

Signature 簽名: X_____ **Date 日期:** _____

Form revised: July 15, 2014