Danny Fong, MD, P.C.

Plastic & Reconstructive Surgery
Hand Surgery

Patient Information 病人資料

Date: _____

Patient's Full name:
病人姓名: _____
Social Security#:
公卡號碼 _____
Address:
住址 _____
STREET APT
_____
CITY STATE ZIP CODE

Age: ____
年齡
Sex: M/F
性別 男/女

Date of Birth: _____/____/_____
出生日期 M 月/ D 日/ Y 年
Marital/Family Status:
已婚 M/ 未婚 S _____
Home/Cell Phone:
住址電話/手機 _____
Email:
_____

Current Occupation: _____ Employer: _____
職業 雇主
If Student, Name of School/College: _____
如果是學生, 校名
City: _____ State: _____ FT/ PT:_____
城市 州 全天/半天

Spouse's/Parent's name: _____**Relationship**: _____
配偶/家長姓名
Phone Number 電話: _____

Emergency Contact (*required*): _____**Relationship**: _____
緊急連絡人 FIRST NAME LAST NAME 關係
Phone Number 電話: _____

Primary Doctor: _____**Referred By**:_____
家庭醫生 FIRST NAME LAST NAME 介紹人 FIRST NAME LAST NAME

Has this office treated other member(s) of your family before: Yes___ No____
Name: _____ 可有家庭成員曾經看過鄺立中

Bill will be paid by: Self _____ Insurance_____ Other_____
付款人 自己 保險 其它
Primary Insurer: _____ Relationship to patient: _____
保險會員姓名 和病人的關係
Date of Birth: _____Phone Number: _____
出生日期 電話
Social Security #: _____ ID#: _____
工卡號碼 保險卡號碼

Please complete and sign the back of form ⇨
请填写并在表格背面签名

PAST MEDICAL HISTORY 病歷
Please list all major surgeries, illnesses, and injuries: 請寫下所有手術, 痛症及損傷

_____

_____

MEDICATIONS CURRENTLY TAKEN 現在服用的藥物

_____

_____

HEALTH QUESTIONS 健康資料
Yes__ No__ Are you allergic to any drugs or medications? 有沒有對任何藥物感 If yes, to what medication and describe the reaction: 如果有對任何藥物敏感，請寫下藥名和反應

_____

Yes__ No__ Have you ever had a bad reaction to General Anesthesia?
有沒有對全身麻醉敏感
Yes__ No__ Have you ever had a bad reaction to Local Anesthesia?
有沒有對局部麻醉敏感
Yes__ No__ Do you have high blood pressure?
有沒有高血壓
Yes__ No__ Do you have diabetes?
有沒有糖尿病
Yes__ No__ Do you have any heart condition?
有沒有心臟病
Yes__ No__ Do you bleed unusually easily from cuts or surgery?
不小心割傷會不會流血不止
Yes__ No__ Do you form large scars or keloids?
身上有沒有大疤痕或肉瘤
Yes__ No__ Do you smoke?
有沒有抽煙
Yes__ No__ Do you consume alcohol regularly?
有沒有喝酒
Yes__ No__ Is your visit related to an injury at work or an auto accident?
這次應診的病症是不是因工作受傷或車禍
Height 高度 _____
Weight 重量 _____
When was your last physical examination? Date: _____最近身體檢查的日期
Briefly explain the reason for today's visit. 今天應診的原因

_____
Have you seen another plastic surgeon about the condition that brings you here?
Yes__ No__ Comments:

_____

I hereby authorize payment to be made directly to Danny Fong, M.D. for any medical or surgical benefits that he may be entitled to under my Medical-Surgical plans. I understand that I am responsible for any balance due for my professional services in excess of the benefits provided by my insurance policy.

X_____ _____ _____/____/_____
Patient/Responsible Party Signature Witness Signature Date
(OFFICE USE ONLY)