

Please tick or list all responses(請填入英文)

Personal Details (个人资料)

Name (LAST, 1<sup>st</sup>): (姓名) .....

e-mail: .....

Postal Address: (郵寄地址) .....

Postcode (郵編) : .....Phone (電話): H.....

W.....Mobile (手机) : .....

Birth Date (出生日期) : .....Age (年齡) : .....

No of kids (孩子数目) : .....Referred by (介绍人) : .....

Have you ever received Chiropractic Care? 你以前有接受过脊椎校正吗?  No/  Yes 如果有, 请写出上次治疗的时间和医师的名字) .....

Are you in a health fund? 你有私人医疗保险吗? No /  Yes 如有请写出 .....

Aust resident/citizen? 你是澳洲永居或公民吗?  No /  Yes

Occupation (职业) : .....

Regular duties (工作职责) : .....

About Your Health (关于你的健康)

你的身体生下来应该是健康的。但在生活的过程中, 很多损伤会影响到身体的自愈。这份病始将帮助我们去发现损伤脊椎和神经系统的潜在原因。再经过检查之后, 脊椎校正师可以确定我们是否可以帮到你, 以及建议你的治疗。

Loss of Wellness (丧失健康)

许多脊椎错位(subluxations)都发生在幼年, 请回答下列问题(请在格子裡打勾,不知道→是→否)(如是,請附注)

? No Yes

Mother given drugs during delivery? (母亲在生产过程中有使用药物) .....

Was labor induced? (是否人工引产) .....

Forceps? (是否用产钳) .....

Suctions? (是否用抽气机?) .....

Caesarian? (是否用剖腹产) .....

Did you fall on your head? (你有摔过你的头吗?) .....

Did you fall down stairs? (你有从楼梯上摔下来过吗?) .....

Were you yanked by your arm? (你是否有伤过你的手臂) .....

Have you had surgery/broken bones? (是否有手术过或骨折过?) .....

Drugs? (Prescriptive or Non-prescriptive) (是否有吃药 或健康食品?) .....

Accidents and Injuries 意外和创伤

大多数的病人都曾有意外和受伤, 这些损伤即使很轻, 但都会引起脊椎错位(subluxation)。让我们来看看你的情况

Please write briefly about your Motor Vehicle Accidents (incl speed & date) eg front impact @ 15k/h in '95:请简单叙述曾有的车祸情况(时间, 撞车时的速度及方向等)

- .....
• .....
• .....
• .....
• .....

Please write briefly about your Sports Injuries (incl date) eg basketball sprain left ankle '87, rugby impacts into neck & left shoulder '95: 请简述你在运动时的受过的伤(日期, 部位)

- .....
• .....
• .....
• .....

Please write briefly about your Work Injuries (incl date) eg lifting injury '99:请简述你在工作中受伤的情况

- .....
• .....
• .....

Please write briefly about your Accidents at home &/or elsewhere (incl date) eg fall off ladder '82, fall off tree '72, fall off horse '75:请简述在家或其他地方发生的意外

- .....
• .....
• .....
• .....

Other Health Indicators 其他健康指标

? No Yes (如有,請附注)

Teeth problems? (牙痛) .....

Eye problems? (眼睛有病) .....

Physical stress? (体力的压力) .....

Mental stress? (精神压力) .....

Sleeping posture (睡觉的姿势):

Side (侧睡)  Stomach (趴着睡)  Back (仰着睡)

Diet?(饮食情况)  Healthy (健康),  average (一般)

unhealthy (不健康),  junk (垃圾食品)

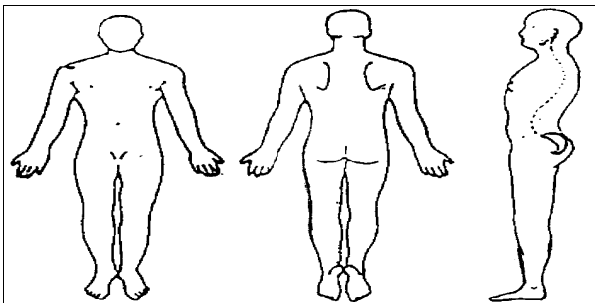
Height (身高) : ..... cm / ft (100cm=3.28ft=39.37in)

## Main Symptoms 主要症状

脊椎错位能引起身体任何部位的功能异常。请描述你的主要症状

Main Symptoms (主要症状) :.....

- Have you had same or similar symptoms before?你以前是否有过同样或类似的症状? No  Yes  (when 何时):  
.....
- **How long** have you had the above symptoms (list wks, mths, yrs)脊椎错位能长期压迫神经, 你得症状有多久了? ) :.....
- **How often** do you have the above Symptoms 由于脊椎错位的位置和程度不同, 对神经的压迫可以是持续或间歇的。你的症状多久发生一次? ) :.....
- Is your pain: dull/sharp, deep/superficial, diffuse/local, boaring/aching, burning/throbbing, cramping/radiating: (脊椎错位能刺激不同的神经而产生不同的痛觉。你的是下列那种: 钝痛/尖锐痛, 痛得很深/表面痛, 广泛痛/局部痛, 不舒服/酸痛, 烧灼痛/跳痛, 痉挛痛/放射痛: .....  
.....
- **Severity rating** (痛的程度) 10-0 (10=very severe (10=非常严重, 0=unnoticeable 没注意到):.....
- Is your symptoms **worse** after/during activity such as: sitting, bending, standing, walking, jogging, lifting (脊骨错位会使整个脊椎变得脆弱。下列哪种活动会使你的症状加剧: 坐下, 弯腰, 站立, 行走, 慢跑, 搬重物)
- Symptoms is usually **relieved**: night, afternoon, morning, irregular, lying, walking (症状会减轻: 晚上, 下午, 早上, 不规律, 躺下, 走路).....
- Have been treated: (是否曾经治疗过, 如是, 请写出治疗方法及结果)  No/  Yes (please specify treatments & its results) .....
- Indicate areas of symptoms: (在图上标出有症状的部位)



office use only (诊所专用)

◆ Is Associated with:.....

Other condition/s:.....

Systems Review:  NAD/  Yes .....

## Other Symptoms (其它症状)

- Headaches (头痛)
- Dizziness (眩晕)
- Neck Pain (颈痛)
- Pins & Needles in Arms (手臂麻)
- Numbness in Fingers 手指麻
- Fainting 晕倒
- Smell Change 嗅觉改变
- Ears Buzz 耳朵响
- Hearing Problems 听力下降
- Nervousness 紧张
- Depression 抑郁
- Fatigue 疲劳
- Chest Pain 胸痛
- Cold Sweats 出冷汗
- Constipation 便秘
- Bladder Problems 小便问题
- Skin Problems 皮肤问题
- Knee Problems 膝痛
- Feet Cold 脚冷
- Lights Bother Eyes 怕光
- Face Flushed 面红
- Neck Stiff 颈僵硬
- Hands Cold 手冷
- Loss of Balance 失去平衡
- Loss of Memory 失去记忆
- Taste Change 味觉改变
- Ears Ring 耳鸣
- Sleeping Problems 失眠
- Irritability 易激动
- Tension 压力
- Shortness of Breath 气短
- Fever 发热, 發燒
- Stomach Upset 胃不舒服
- Diarrhea 腹泻
- Menstrual discomfort 經痛
- Back Pain 背痛
- Pins & Needles in Legs 腿麻
- Numbness in Toes 脚趾麻

## Medical History 病史

? **No Yes** (如有, 請附注)

- Have you ever been hospitalised? (是否有住过院) .....
- X-ray? (是否拍过 X 光片) .....
- Chemotherapy? (化疗) .....
- Transfusion? (输血) .....
- Are you pregnant? (是否有怀孕) .....

## My Objectives: (我的目标)

缓解症状校正问题, 保持健康, 提高家人和社会的健康, 等.....

**Signature** 签名:..... **Date** 日期:.....

## Our Purpose 诊所的目标

广泛地宣传, 通过自然的脊椎校正治疗, 帮助更多的人走向最佳健康状态。

Differential Diag	Office use only	Strs To Tests