

WELCOME TO MT EDEN CHIROPRACTIC

欢迎来到MT EDEN脊骨神经中心

Name: _____ Date of birth: _____ Age: _____

姓名: 生日: 年龄:

Sex (as assigned at birth): M / F Gender Identity: _____

性别 (出生时) : 男/女 性别认同:

Address: _____ Suburb: _____ Postcode: _____

地址: 区域: 邮编:

Email: _____ Please tick if you **do not** wish to be added to our database

电子邮件: 如果您不希望被加入我们的数据库请, 勾选此项

Telephone: H: _____ W: _____ M: _____

电话: 家庭: 工作: 移动: M:

Preferred way of contact: Email Phone SMS

首选联系方式: 电子邮件 电话 短信

Name of G.P: _____ Who can we thank for recommending us? _____

家庭医生姓名: 推荐人:

Occupation: _____ Marital Status: _____

职业: 婚姻状况:

Have you ever had Chiropractic care before? Yes/No If yes, who & when? _____

您以前接受过脊骨神经治疗吗? 是/否 如果选择是, 请说明时间和医师姓名

How can we help you today? _____

您今天希望我们可以提供哪些帮助?

Have you experienced similar symptoms before? _____

您以前经历过类似的症状吗?

How bad is it? How intense are your symptoms? 0 1 2 3 4 5 6 7 8 9 10
No Symptoms Intense Symptoms

症状有多严重? 无症状 严重症状

How committed are you to correcting this issue? 0 1 2 3 4 5 6 7 8 9 10
Not Committed Very Committed

您有多大决心改善此症状/状况? 无决心 非常有决心

How is this symptom/condition impacting with your life: (Please circle any that apply)

此症状/状况对您的生活造成哪些影响? (请圈选相关内容)

Work	Relationships	Energy	Productivity
工作	人际关系	精力	工作效率
Exercise	Sleep	Attitude	Creativity
锻炼	睡眠	态度	创造力
Recreation	Self-Care	Patience	Other _____
娱乐	自我照顾	耐心	其他

What are your top three health goals?

您最重要的三个健康目标是什么?

1)

2)

3)

Please list any accidents or injuries that you have suffered, even those that you consider minor.

请列出您曾经遭受过的任何 (包括但不限于轻微的) 事故或伤害。

In general, would you say your health is:

总体而言, 您认为您的健康状况如何?

1 2 3 4 5

Poor	Fair	Good	Very Good	Excellent
差	一般	良好	非常好	优秀

How would you rate your current level of stress?

您最近的压力水平如何?

1	2	3	4	5
Very High	High	Moderate	Low	Very low
非常高	高	中等	低	非常低

How would you rate your sleep quality?

您的睡眠质量如何?

1	2	3	4	5
Poor	Fair	Good	Very Good	Excellent
差	一般	良好	非常好	优秀

How often do you exercise for more than 30 minutes per day?

您每周进行超过30分钟锻炼的频率如何?

Everyday		5-6 days/wk		3-4 days/wk		1-2 days/wk		0 days/wk
每天	每周5-6天	每周3-4天	每周1-2天	从不锻炼				

What does your exercise consist of (i.e yoga, cycling, gym)? _____

您的锻炼内容包括哪些? (例如瑜伽、骑车、健身等)

Do you suffer from repeated strains and/or sprains? Yes/No If yes, what? _____

您是否经常拉伤或扭伤? 是 / 否 若是, 具体是什么?

Do you have any repetitive movements daily? Yes/No If yes, what? _____

您是否每天进行重复性动作? 是 / 否 若是, 具体是什么?

In general, how would you rate your diet?

总体来说, 您如何评价自己的饮食习惯?

1	2	3	4	5
Very healthy	Healthy	Moderately healthy	Unhealthy	Very unhealthy
非常健康	健康	一般健康	不健康	非常不健康

How many litres of water do you drink per day? _____ Is this filtered water? Yes / No

您每天喝多少升水? 是过滤水吗? 是 / 否

Are you currently on any medication (including long term)? Yes/No If yes, what?

您现在是否在服药（包括长期用药）？是 / 否 若是，请说明具体内容

Have you ever been hospitalised or had surgery? Yes/No If yes, why & when?

您曾经住院或做过手术吗？是 / 否 若是，请说明原因及时间

In the past few months have you experienced any of the following? (Please circle any that apply)

在过去几个月里，您是否有以下症状？（请圈出相关项）：

Unexplained changes in weight | Observable changes in moles or skin | Change in bowel or bladder habits

体重异常变化 瘤或皮肤的明显变化 排便或排尿习惯变化

| Pain at night | Sores that won't heal | Nagging cough | Unexplained Night sweats

夜间疼痛 无法愈合的溃疡 持续咳嗽 无原因的夜间出汗

Have you ever suffered a heart attack or had a stroke? Yes/No

您是否曾患过心脏病或中风？是 / 否

How many children do you have? How old are they? _____

您有几个孩子？他们多大了？

Any children's health concerns? Yes/No If yes, what? _____

孩子有健康方面的担忧吗？是 / 否 若是，请说明：

Are you currently pregnant? Yes/No If yes, when are you due? _____

您目前是否怀孕？是 / 否 若是，请注明预产期：

Health concerns regarding this pregnancy? Yes/No If yes, what? _____

此次怀孕有健康问题吗？是 / 否 若是，请说明：

Is there any further information you would like us to know?

您还有其他信息希望我们了解的吗？

AUTHORISATION FOR CARE

同意接受治疗声明

As with all health care professionals the law now requires practitioners who adjust the spine to inform patients of material risk. Chiropractic adjustments of the spine are internationally recognised as being safer in dealing with neck and low back pain than medication and many other alternatives. (A risk assessment of cervical manipulation, JMPT, 1995. Magna Report, Ontario Ministry of Health, 1993). In extremely rare circumstances some treatments of the neck may damage a blood vessel and give rise to a stroke or stroke like symptoms. This is extremely rare occurring in approx.. 1 in 5.85 million (Haldeman, et al. Spine, 1999, Vol 24-8). Whilst this has never occurred in this practice, we are still required to impart this information. Before you receive any adjustments, you will be tested to minimise risk, as has always been our practice. If you have any questions related to the care you are about to receive please speak to the chiropractor.

与所有医护专业人士一样，法律要求对接受脊椎调整的患者说明潜在风险。脊椎调整被国际公认为比药物和许多其他方法更安全地治疗颈痛和腰痛（参考资料：《颈椎操作风险评估报告》，1995年；加拿大安大略卫生部《Magna 报告》，1993年）。在极为罕见的情况下，某些颈部治疗可能会损伤血管，引发中风或类似症状。这种情况极其罕见，发生概率约为1/5,850,000 (Haldeman等, 《Spine》, 1999年)。虽然本中心从未发生此类事件，我们仍有义务告知您此风险。您在接受任何调整之前将接受检查，以最大限度地降低风险。这是我们一直以来的惯例。如您对即将接受的治疗有任何疑问，请随时与脊骨神经医师沟通。

X-rays may be required in order to complete our examination and give us the most detailed information about the health of your spine. For safety purposes, female patients please answer the following questions:

我们可能需要进行X光检查，以帮助我们更详细地了解您脊柱的健康状况。为安全起见，请女性患者回答以下问题：

Are you pregnant or trying to get pregnant? Yes/No When was your most recent period?

您是否正在或计划怀孕？ 是 / 否 您最近一次月经是什么时候？

Please sign below if you give permission for the chiropractor to examine and administer care as deemed necessary. For patients under the age of 18, a parental guardian must sign below.

如您同意让脊骨神经医师在必要时进行检查与治疗，请在下方签名。18岁以下患者需由监护人签名。

Signature: _____ Date: _____

签名

日期