환자 이름Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Today’s Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_

생년월일Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_

**Patient Health Questionnaire (PFSH)** Please answer ALL questions

**앓고 있으신 질환에 표시해주세요Select any of the following medical conditions that you have**

|  |  |
| --- | --- |
| ❑ 없음 None |  |
| ❑ 불안장애Anxiety | ❑ 청력손실Hearing Loss |
| ❑ 관절염Arthritis | ❑ 간염Hepatitis |
| ❑ 천식Asthma | ❑ 고혈압Hypertension |
| ❑ 심방세동Atrial Fibrillation (Irregula Heartbeat) | ❑ 에이즈HIV / AIDS |
| ❑ 골수 이식Bone Marrow Transplantation | ❑ 고콜레스테롤 혈증Hypercholesterolemia |
| ❑ 전립선 비대증BPH | ❑ 갑상선 항진증Hyperthyroidism |
| ❑ 유방암Breast Cancer | ❑ 갑상선 저하증Hypothyroidism |
| ❑ 대장암Colon Cancer | ❑ 백혈병Leukemia |
| ❑ 만성폐쇄질환COPD | ❑ 폐암Lung Cancer |
| ❑ 관상 동맥질환Coronary Artery Disease | ❑ 림프종Lymphoma |
| ❑ 우울증Depression | ❑ 전립선암Prostate Cancer |
| ❑ 당뇨Diabetes | ❑ 방사선 치료Radiation Treatment |
| ❑ 신장질환 말기End Stage Renal Disease | ❑ 발작Seizures |
| ❑ 식도 역류 질환GERD | ❑ 뇌졸증/뇌출혈Stroke |
| ❑ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

**과거에 받으신 수술에 표시해주세요Past Surgeries: Have you had any surgeries on the following organs?**

|  |  |
| --- | --- |
| ❑ 없음None |  |
| ❑ 맹장수술Appendix (Appendectomy) | ❑ 신장: 신장조직검사 Kidney : Kidney Biopsy |
| ❑ 방광절제수술Bladder (Cystectomy) | ❑ 간: 션트Liver: Shunt |
| ❑ 유방: 유방 조직검사Breast : Breast Biopsy | ❑ 난소: 난소절제술:자궁내막증Ovaries (Oophorectomy) : Endometriosis |
| ❑ 유방: 종양절제술 (양쪽)Breast : Lumpectomy (Both Breasts) | ❑ 난소: 난소절제술:난소암 Ovaries (Oophorectomy) : Ovarian Cancer |
| ❑ 유방: 종양절제술(왼쪽)Breast : Lumpectomy (Left Breast) | ❑ 난소: 난소 절제술:난소 난종Ovaries (Oophorectomy) : Ovarian Cyst |
| ❑ 유방: 종양절제술(오른쪽)Breast : Lumpectomy (Right Breast) | ❑ 난소: 난관결찰 Ovaries: Tubal Ligation |
| ❑ 유방:유방절제술(양쪽)Breast : Mastectomy (Both Breasts) | ❑ 췌장: 췌장절제술Pancreas: Pancreatectomy |
| ❑ 유방:유방절제술(왼쪽)Breast : Mastectomy (Left Breast) | ❑ 전립선:전립선 조직검사 Prostate (Prostatectomy) : Prostate Biopsy |
| ❑ 유방:유방절제술(오른쪽)Breast : Mastectomy (Right Breast) | ❑ 전립선:전립선절제술:전립선암 Prostate (Prostatectomy) : Prostate Cancer |
| ❑ 결장: 대장암 절제술Colon (Colectomy) : Colon Cancer Resection | ❑ 전립선:경요도 전립선 절제술Prostate (Prostatectomy) : |
| ❑ 결장: 대장염증Colon (Colectomy) : Diverticulitis | ❑ 직장:복회음 절제술Rectum: APR |
| ❑ 결장:염증성 장질환 Colon (Colectomy) : Inflammatory Bowel Dz | ❑ 직장:저위 전방 절제술Rectum: Low Anterior Resection |
| ❑ 결장: 결장루Colon: Colostomy | ❑ 피부: 기저세포암Skin : Basal Cell Carcinoma |
| ❑ 담낭 절제술Gallbladder (Cholecystectomy) | ❑ 피부:흑색종Skin : Melanoma |
| ❑ 심장: 인공판막수술 Heart : Biological Valve Replacement | ❑ 피부:피부 조직검사Skin : Skin Biopsy |
| ❑ 심장:관동맥우회술Heart : Coronary Artery Bypass Surgery | ❑ 피부:편평세포암종 Skin : Squamous Cell Carcinoma |
| ❑ 심장: 심장이식Heart : Heart Transplant | ❑ 비장: 비장 절제술Spleen (Splenectomy) |
| **과거에 받으신 수술을 표시해주세요**  **Past Surgeries: Have you had any surgeries on the following organs?**  ❑ 심장: 기계밸브 대체Heart : Mechanical Valve Replacement | ❑ 고환절제수술Testicles (Orchiectomy) |
| ❑ 심장: 피부 경유 혈관 성형술Heart : PTCA | ❑ 자궁근종절제수술Uterus (Hysterectomy) : Fibroids |
| ❑ 관절대체수술:엉덩이 (양쪽)Joint Replacement : Hip (Both) | ❑ 자궁 적출수술:자궁암Uterus (Hysterectomy) : Uterine Cancer |
| ❑ 관절대체수술:엉덩이(왼쪽)Joint Replacement : Hip (Left) | ❑ 자궁 적출 수술:자궁경부암Uterus (Hysterectomy): Cervical Cancer |
| ❑ 관절대체수술:엉덩이(오른쪽)Joint Replacement : Hip (Right) | ❑ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| ❑ 관절 대체 수술:무릎(양쪽)Joint Replacement : Knee (Both) |  |
| ❑ 관절 대체 수술:무릎(왼쪽)Joint Replacement : Knee (Left) |  |
| ❑ 관절 대체 수술:무릎(오른쪽)Joint Replacement : Knee (Right) |  |

**다음 중 해당되는 스킨 컨디션에 표시해주세요Have you had any of the following skin conditions?**

|  |  |
| --- | --- |
| ❑ 없음None |  |
| ❑ 여드름Acne | ❑ 두피비듬 혹은 가려움증Flaking or Itchy Scalp |
| ❑ 광선 각화증Actinic Keratoses | ❑ 건초열/알러지Hay Fever/Allergies |
| ❑ 천식Asthma | ❑ 흑색종Melanoma |
| ❑ 기저세표피부암Basal Cell Skin Cancer | ❑ 옻Poison Ivy |
| ❑ 썬번에 의한 물집Blistering Sunburns | ❑ 비정상인 점Precancerous Moles |
| ❑ 건성피부Dry Skin | ❑ 건선Psoriasis |
| ❑ 습진Eczema | ❑ 편평세포 피부암Squamous cell skin cancer |

선크림을 사용하십니까?Do you wear sunscreen? ❑ Yes ❑ No

If Yes, what SPF? \_\_\_\_\_\_\_\_

태닝 살롱을 이용하십니까?Do you tan in a tanning salon? ❑ Yes ❑ No

**가족력Family History:**

가족분들중에 흑생종을 가지고 계신분이 있습니까?Do you have a family history of melanoma? ❑ Yes ❑ No

있다면, 관계?If yes, which relative?

|  |  |
| --- | --- |
| ❑ 어머니Mother | ❑ 이모Aunt |
| ❑ 아버지Father | ❑ 남자 조카Nephew |
| ❑ 여자형제Sister | ❑ 여자 조카Niece |
| ❑ 남자형제Brother | ❑ 할머니Grand mother |
| ❑ 딸Daughter | ❑ 할아버지Grand father |
| ❑ 아들Son | ❑ 손자 Grand son |
| ❑ 삼촌Uncle | ❑ 손녀Grand daughter |

**Social History:**

흡연Smoking

|  |
| --- |
| ❑ 모름Unknown if ever smoked |
| ❑ 매일 흡연Current everyday smoker |
| ❑ 파이프 흡연Current some day smoker (tobacco) |
| ❑ 담배 흡연 Current some day smoker (cigarette) |
| ❑ 예전에 흡연Former smoker |
| ❑ 피운적 없음Never smoker |
| ❑ 담배를 피우긴하나 잘 모름Smoker, current status unknown |
| ❑ 시가 흡연자Cigar smoker |
| ❑ 매우 많이 피움Heavy tobacco smoker |
| ❑ 적당히 피움Light tobacco smoker |

Other

|  |  |
| --- | --- |
| ❑ 없음 None |  |
| ❑ 성생활을 하지 않습니다Not sexually active | ❑ 에탄올 술 안마심EtOH none |
| ❑ 한명과 성생활을 합니다.Sexually active with one partner | ❑ 에탄올 술 하루에 한잔EtOH less than 1 drink per day |
| ❑ 한명 이상과 성생활을 합니다.Sexually active with more than one partner | ❑ 에탄올 술 하루에1-2잔EtOH 1-2 drinks per day |
| ❑ 동성과 성생활을 합니다.Same sex partner | ❑ 에탄올 술 하루에 3 잔이상 EtOH 3 or more drinks per day |
| ❑ 마약을 사용합니다Drug use | ❑ 집에서 안전함을 느낍니다.Patient feels safe at home |
| ❑ 혈관 마약을 사용합니다. IV Drug Use | ❑ 집에서 불안함을 느낍니다.Patient feels unsafe at home |

운전Driving Status

❑ 낮에 운전을 합니다.Drive in the daytime ❑ 밤에 운전을 합니다. Drive at night

**Review of Systems:**

| **Yes** | **No** | **Name** | **System** |
| --- | --- | --- | --- |
| ❑ | ❑ | 고혈압High blood pressure | Cardiovascular |
| ❑ | ❑ | 가슴 통증Chest pain | Cardiovascular |
| ❑ | ❑ | 심장 마비Heart attack | Cardiovascular |
| ❑ | ❑ | 호흡곤란Shortness of breath | Respiratory |
| ❑ | ❑ | 뇌출혈Stroke | Cardiovascular |
| ❑ | ❑ | 체중감소Unintentional weight loss | Constitutional / Symptom |
| ❑ | ❑ | 우울증Depression | Psychiatric |
| ❑ | ❑ | 당뇨Diabetes | Endocrine |
| ❑ | ❑ | 갑상선 질환Thyroid problems | Endocrine |
| ❑ | ❑ | 빈혈Anemia | Hematologic / Lymphatic |
| ❑ | ❑ | 수혈Blood transfusion | None |
| ❑ | ❑ | 암Cancer | Other |
| ❑ | ❑ | 다발성 경화증Multiple sclerosis/numbness | Neurological |
| ❑ | ❑ | 루프스Lupus | Allergic / Immunologic |
| ❑ | ❑ | 관절염/근육통Arthritis/muscle pain | Musculoskeletal |
| ❑ | ❑ | 류마티스 질환Rheumatic disease | Allergic / Immunologic |
| ❑ | ❑ | 천식/ 건초열Asthma/hay fever | Allergic / Immunologic |
| ❑ | ❑ | 기종Emphysema | Respiratory |
| ❑ | ❑ | 불쾌감(아픈거 같은 기분)Malaise (feel sick) | Constitutional / Symptom |
| ❑ | ❑ | 발열 또는 오한Fever or chills | Constitutional / Symptom |
| ❑ | ❑ | 두통Headaches | Neurological |
| ❑ | ❑ | 헤르피스Fever blisters/cold sores | Other |
| ❑ | ❑ | 피 안멈춤Problems with bleeding | Hematologic / Lymphatic |
| ❑ | ❑ | 상처가 잘 낫지 않음Problems with healing | Integumentary |
| ❑ | ❑ | 흉이 짐Problems with scarring (hypertrophic or keloid) | Integumentary |
| ❑ | ❑ | 발진Rash | Integumentary |
| ❑ | ❑ | 면역억제Immunosuppression | Allergic / Immunologic |
| ❑ | ❑ | 식은땀Night sweats | Constitutional / Symptom |
| ❑ | ❑ | 목 아픔Sore throat | ENT and Mouth |
| ❑ | ❑ | 흐린 시야Blurry vision | Eyes |
| ❑ | ❑ | 복통Abdominal pain | Gastrointestinal (G.I.) |
| ❑ | ❑ | 혈변Bloody stool | Gastrointestinal (G.I.) |
| ❑ | ❑ | 혈뇨Bloody urine | Genitourinary (G.U.) |
| ❑ | ❑ | 근육 약함Muscle weakness | Musculoskeletal |
| ❑ | ❑ | 목 당김/목결림Neck stiffness | Musculoskeletal |
| ❑ | ❑ | 발작Seizures | Neurological |
| ❑ | ❑ | 기침Cough | Respiratory |
| ❑ | ❑ | 천명Wheezing | Respiratory |
| ❑ | ❑ | 불안장애Anxiety | Psychiatric |

**Alerts:**

| **Yes** | **No** | **Name** |
| --- | --- | --- |
| ❑ | ❑ | **인공 관절Artificial joints** |
| ❑ | ❑ | **인공 심장 밸브Artificial heart valve** |
| ❑ | ❑ | **페이스 메이커/맥박조정장치Pacemaker/defibrillator** |
| ❑ | ❑ | **혈액응고Blood clots** |
| ❑ | ❑ | **결핵Tuberculosis** |
| ❑ | ❑ | **에이즈HIV/AIDS** |
| ❑ | ❑ | **B형 또는C형 간염Hepatitis B or C** |
| ❑ | ❑ | **간질환Liver problem** |
| ❑ | ❑ | **신장질환Kidney problems** |
| ❑ | ❑ | **마취약/치과 마취에 대한 알러지 Allergy to lidocaine/dental anesthesia** |
| ❑ | ❑ | **접착제에 대한 알러지Allergy to adhesive** |
| ❑ | ❑ | **고무 알러지Allergy to latex** |
| ❑ | ❑ | **항생연고 알러지Allergy to topical antibiotic ointments** |
| ❑ | ❑ | **혈액응고 방지제Blood thinners** |
| ❑ | ❑ | **멀싸MRSA** |
| ❑ | ❑ | **Premedication prior to procedures** |
| ❑ | ❑ | **에피네프린에 의한 가파른 심장박동Rapid heart beat with epinephrine** |
| ❑ | ❑ | **임신중 또는 임신 계획Pregnancy or planning a pregnancy** |

**현재 복용중이신 약:Current Medications:**

**알러지:Allergies:**

**Patient/Guardian Signature :\_\_X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**