Patient Name病人姓名: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Today’sDate今天日期: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_

Date of Birth出生日期: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_

**Patient Health Questionnaire (PFSH) 病人健康问卷**

Please answer ALL questions**病人必须回答所有问题**

**Select any of the following medical conditions that you have**

**如有以下症状或病历，请打勾**

|  |  |
| --- | --- |
| ❑ None无 |  |
| ❑ Anxiety焦慮症 | ❑ Hearing Loss耳鸣 |
| ❑ Arthritis关节炎 | ❑ Hepatitis肝炎 |
| ❑Asthma哮喘 | ❑ Hypertension高血压 |
| ❑Atrial Fibrillation (Irregular Heartbeat)心律失常 | ❑ HIV / AIDS艾滋病 |
| ❑ Bone Marrow Transplantation骨髓移植 | ❑Hypercholesterolemia高胆固醇血症 |
| ❑ BPH前列腺增生 | ❑Hyperthyroidism甲状腺功能亢进症 |
| ❑ Breast Cancer乳房癌症 | ❑Hypothyroidism甲状腺功能减退症 |
| ❑ Colon Cancer大肠癌症 | ❑ Leukemia血癌 |
| ❑COPD慢性阻塞性肺病 | ❑ Lung Cancer肺癌 |
| ❑ Coronary Artery Disease心脏病 | ❑ Lymphoma淋巴癌 |
| ❑ Depression忧郁症 | ❑ Prostate Cancer前列腺癌 |
| ❑ Diabetes糖尿病 | ❑Radiation Treatment放射治疗 |
| ❑ End Stage Renal Disease末期肾病 | ❑Seizures癫痫症 |
| ❑ GERD胃食管反流病 | ❑ Stroke中风 |
| ❑ Other其他: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

**Past Surgeries: Have you had any surgeries on the following organs手术历史：以往有没有动过以下手术?**

|  |  |
| --- | --- |
| ❑ None |  |
| ❑ Appendix (Appendectomy)阑尾切除术 | ❑ Kidney : Kidney Biopsy |
| ❑ Bladder (Cystectomy)膀胱切除术 | ❑ Liver: Shunt |
| ❑ Breast : Breast Biopsy乳腺活检 | ❑ Ovaries (Oophorectomy) : Endometriosis |
| ❑ Breast : Lumpectomy(Both Breasts)乳房肿瘤切除术 (双) | ❑ Ovaries (Oophorectomy) : Ovarian Cancer |
| ❑ Breast : Lumpectomy(Left Breast)乳房肿瘤切除术 (左) | ❑ Ovaries (Oophorectomy) : Ovarian Cyst |
| ❑ Breast : Lumpectomy(Right Breast)乳房肿瘤切除术 (右) | ❑ Ovaries: Tubal Ligation |
| ❑ Breast : Mastectomy(Both Breasts)乳房切除术 (双) | ❑ Pancreas: Pancreatectomy |
| ❑ Breast : Mastectomy(Left Breast)乳房切除术 (左) | ❑ Prostate (Prostatectomy) : Prostate Biopsy |
| ❑ Breast : Mastectomy(Right Breast)乳房切除术 (右) | ❑ Prostate (Prostatectomy) : Prostate Cancer |
| ❑Colon (Colectomy) : Colon Cancer Resection结肠癌切除术 | ❑ Prostate (Prostatectomy) : TURP |
| ❑ Colon (Colectomy) : Diverticulitis憩室炎 | ❑ Rectum: APR |
| ❑ Colon (Colectomy) : Inflammatory Bowel Dz炎性肠病 | ❑ Rectum: Low Anterior Resection直肠低位前切除术 |
| ❑ Colon: Colostomy结肠造口术 | ❑ Skin : Basal Cell Carcinoma基底细胞癌 |
| ❑ Gallbladder (Cholecystectomy)胆囊切除术 | ❑ Skin : Melanoma黑色素瘤 |
| ❑ Heart : Biological Valve Replacement生物瓣膜置换 | ❑ Skin : Skin Biopsy皮肤活检 |
| ❑ Heart : Coronary Artery Bypass Surgery冠状动脉旁路手术 | ❑ Skin : Squamous Cell Carcinoma鳞状细胞癌 |
| ❑ Heart : Heart Transplant心脏移植 | ❑ Spleen (Splenectomy)脾切除 |
| **Past Surgeries: Have you had any surgeries on the following organs 手术历史：以往有没有动过以下手术?**  ❑ Heart : Mechanical Valve Replacement机械瓣置换 | ❑ Testicles (Orchiectomy)睾丸切除术 |
| ❑ Heart : PTCA经皮冠状动脉腔内成形术 | ❑ Uterus (Hysterectomy) : Fibroids子宫切除术 (肌瘤) |
| ❑Joint Replacement : Hip (Both)髋关节置换术 (双) | ❑Uterus (Hysterectomy) : Uterine Cancer子宫切除术(子宫癌) |
| ❑ Joint Replacement : Hip (Left)髋关节置换术 (左) | ❑Uterus (Hysterectomy): Cervical Cancer子宫切除术 (宫颈癌) |
| ❑ Joint Replacement : Hip (Right)髋关节置换术 (右) | ❑ Other其他: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| ❑ Joint Replacement : Knee (Both)膝关节置换 (双) |  |
| ❑Joint Replacement : Knee (Left)膝关节置换 (左) |  |
| ❑Joint Replacement : Knee (Right)膝关节置换 (右) |  |

**Have you had any of the following skin conditions?以前有没有以下的皮肤病/症状?**

|  |  |
| --- | --- |
| ❑ None无 |  |
| ❑ Acne粉刺/青春豆 | ❑ Flaking or Itchy Scalp剥落或头皮发痒 |
| ❑ Actinic Keratoses光化性角化病 | ❑ Hay Fever/Allergies花粉过敏 |
| ❑ Asthma哮喘 | ❑ Melanoma黑色素瘤 |
| ❑ Basal Cell Skin Cancer基底细胞皮肤癌 | ❑ Poison Ivy毒藤 |
| ❑ Blistering Sunburns起泡晒伤 | ❑ Precancerous Moles癌前痣/发育不良痣 |
| ❑ Dry Skin干燥皮肤 | ❑ Psoriasis银屑病/牛皮癣 |
| ❑ Eczema湿疹/异位性皮肤炎 | ❑ Squamous cell skin cancer鱗狀細胞癌 |

Do you wear sunscreen您是否持续使用防晒霜? ❑ Yes 是❑ No否

If Yes, what SPF如是，多少防晒因子? \_\_\_\_\_\_\_\_

Do you tan in a tanning salon您去不去晒黑沙龙?❑ Yes 去❑ No不去

**Family History家族病历:**

Do you have a family history of melanoma家族病历包不包括黑色素癌?❑ Yes是❑ No否

If yes, which relative如是，哪位?

|  |  |
| --- | --- |
| ❑ Mother母亲 | ❑ Aunt姨婶 |
| ❑ Father父亲 | ❑ Nephew侄子 |
| ❑ Sister姐妹 | ❑ Niece侄女 |
| ❑ Brother兄弟 | ❑ Grand mother外婆/奶奶 |
| ❑ Daughter女儿 | ❑ Grand father外公/爷爷 |
| ❑ Son儿子 | ❑ Grand son孙子 |
| ❑ Uncle叔父 | ❑ Grand daughter孙女 |

**Social History社交历史:**

Smoking抽烟

|  |
| --- |
| ❑Unknown if ever smoked抽烟历史不明 |
| ❑Current everyday smoker每天抽烟 |
| ❑Current some day smoker (tobacco)偶尔抽（烟草） |
| ❑Current some day smoker (cigarette)偶尔抽（香烟） |
| ❑Former smoker以前抽烟 |
| ❑Never smoker从未抽烟 |
| ❑Smoker, current status unknown抽烟者，但当前状况不明 |
| ❑Cigar smoker抽雪茄 |
| ❑Heavy tobacco smoker重吸烟者 |
| ❑Light tobacco smoker轻吸烟者 |

Other其它

|  |  |
| --- | --- |
| ❑None无 |  |
| ❑Not sexually active没有性活动 | ❑Alcohol EtOH none不喝酒 |
| ❑Sexually active with one partner性活跃，单偶 | ❑Alcohol EtOH less than 1 drink per day少于一天一杯 |
| ❑Sexually active with more than one partner性活跃，多偶 | ❑AlcoholEtOH 1-2 drinks per day每天一到两杯 |
| ❑Same sex partner同性恋者 | ❑AlcoholEtOH 3 or more drinks per day每天三杯以上 |
| ❑Drug use用毒者 | ❑Patient feels safe at home患者在家觉得安全 |
| ❑IV Drug Use注射性用毒者 | ❑Patient feels unsafe at home患者在家觉得不安 |

Driving Status 车辆运作

❑Drive in the daytime白天开车 ❑Drive at night晚上开车

**Review of Systems**系統回顧**:**

| **Yes有** | **No没有** | **Name病历** | **System系统** |
| --- | --- | --- | --- |
| ❑ | ❑ | High blood pressure 高血压 | Cardiovascular心血管系统 |
| ❑ | ❑ | Chest pain 胸痛 | Cardiovascular心血管系统 |
| ❑ | ❑ | Heart attack 心脏病 | Cardiovascular心血管系统 |
| ❑ | ❑ | Shortness of breath 呼吸急促 | Respiratory肺系统 |
| ❑ | ❑ | Stroke 中风 | Cardiovascular心血管系统 |
| ❑ | ❑ | Unintentional weight loss 无意减肥 | Constitutional / Symptom概括 |
| ❑ | ❑ | Depression 忧郁症 | Psychiatric心理 |
| ❑ | ❑ | Diabetes 糖尿病 | Endocrine内分泌系统 |
| ❑ | ❑ | Thyroid problems 甲状腺疾病 | Endocrine内分泌系统 |
| ❑ | ❑ | Anemia 贫血 | Hematologic / Lymphatic血液淋巴 |
| ❑ | ❑ | Blood transfusion 输血 | None无 |
| ❑ | ❑ | Cancer 癌症 | Other其他 |
| ❑ | ❑ | Multiple sclerosis/numbness 多发性硬化症 | Neurological神经 |
| ❑ | ❑ | Lupus红斑狼疮 | Allergic / Immunologi敏感/免疫系统 |
| ❑ | ❑ | Arthritis/muscle pain关节炎/肌肉痛 | Musculoskeletal肌肉/骨科 |
| ❑ | ❑ | Rheumatic disease风湿性疾病 | Allergic / Immunologic敏感/免疫系统 |
| ❑ | ❑ | Asthma/hay fever哮喘 | Allergic / Immunologic敏感/免疫系统 |
| ❑ | ❑ | Emphysema气肿 | Respiratory肺系统 |
| ❑ | ❑ | Malaise (feel sick)全身乏力 | Constitutional / Symptom概括 |
| ❑ | ❑ | Fever or chills发烧 | Constitutional / Symptom概括 |
| ❑ | ❑ | Headaches头痛 | Neurological神经 |
| ❑ | ❑ | Fever blisters/cold sores唇疱疹 | Other其他 |
| ❑ | ❑ | Problems with bleeding血液问题 | Hematologic / Lymphatic血液淋巴 |
| ❑ | ❑ | Problems with healing皮肤愈合问题 | Integumentary外科 |
| ❑ | ❑ | Problems with scarring (hypertrophic or keloid)癍痕 | Integumentary外科 |
| ❑ | ❑ | Rash皮疹 | Integumentary外科 |
| ❑ | ❑ | Immunosuppression免疫抑制 | Allergic / Immunologic敏感/免疫系统 |
| ❑ | ❑ | Night sweats盗汗 | Constitutional / Symptom概括 |
| ❑ | ❑ | Sore throat喉咙痛 | ENT and Mouth耳鼻喉科 |
| ❑ | ❑ | Blurry vision视力模糊 | Eyes眼科 |
| ❑ | ❑ | Abdominal pain腹痛 | Gastrointestinal (G.I.)肠胃科 |
| ❑ | ❑ | Bloody stool便血 | Gastrointestinal (G.I.)肠胃科 |
| ❑ | ❑ | Bloody urine血尿 | Genitourinary (G.U.)泌尿科 |
| ❑ | ❑ | Muscle weakness肌肉无力 | Musculoskeletal肌肉/骨科 |
| ❑ | ❑ | Neck stiffness 颈部僵硬 | Musculoskeletal肌肉/骨科 |
| ❑ | ❑ | Seizures 癲癇發作 | Neurological神经科 |
| ❑ | ❑ | Cough 咳嗽 | Respiratory肺系统 |
| ❑ | ❑ | Wheezing 喘息 | Respiratory肺系统 |
| ❑ | ❑ | Anxiety 焦慮 | Psychiatric心理科 |

**Continued**

**Alerts**醫療警報**:**

| **Yes有** | **No没有** | **Name病历** |
| --- | --- | --- |
| ❑ | ❑ | **Artificial joints人工关节** |
| ❑ | ❑ | **Artificial heart valve人工心脏瓣膜** |
| ❑ | ❑ | **Pacemaker/defibrillator起搏器** |
| ❑ | ❑ | **Blood clots血块** |
| ❑ | ❑ | **Tuberculosis肺结核** |
| ❑ | ❑ | **HIV/AIDS艾滋病** |
| ❑ | ❑ | **Hepatitis B or C乙型肝炎或丙型肝炎** |
| ❑ | ❑ | **Liver problem肝问题** |
| ❑ | ❑ | **Kidney problems肾问题** |
| ❑ | ❑ | **Allergy to lidocaine/dental anesthesia牙医使用麻醉药敏感** |
| ❑ | ❑ | **Allergy to adhesive胶粘剂敏感** |
| ❑ | ❑ | **Allergy to latex胶乳敏感** |
| ❑ | ❑ | **Allergy to topical antibiotic ointments药膏行抗生素敏感** |
| ❑ | ❑ | **Blood thinners稀血药** |
| ❑ | ❑ | **MRSA耐甲氧西林金黄色葡萄球菌** |
| ❑ | ❑ | **Premedication prior to procedures手术前需要药物** |
| ❑ | ❑ | **Rapid heart beat with epinephrine肾上腺素引起的心跳加速** |
| ❑ | ❑ | **Pregnancy or planning a pregnancy怀孕或准备怀孕** |

**Current Medications持续用的药物:**

**Allergies药物敏感:**

**病人签名:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_日期:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Patient/Guardian Signature Date**