

Jean Yun, M.D.
Orthopaedic Surgery

Date: _____

Patient Information 病人資料

Patient Name: _____ Age: _____ Date of Birth: _____
病人姓名 年齡 出生日期

Social Security: _____ Sex: M/F Marital Status: _____
工卡號碼 性別: 男/女 已婚 / 未婚

Home Address: _____ Home Phone: _____
住址 住址電話
Cell Phone: _____
手機

Current Occupation: _____ Employer: _____
職業 顧主

Email : _____ Business Phone: _____
電子郵件 工作電話

If Student, Name Of School / Collage _____ FT /PT _____

Name Of Pharmacy _____ TEL : _____

Spouse's /Parent's Name: _____ Employer: _____
配偶 顧主

Business Address: _____ Business Phone: _____
工作地址 工作電話

Emergency Contact (Required): _____ Relationship: _____ Phone Number: _____
緊急聯絡人 關係 電話

Do you have an Advance Directive? Yes/No Name of Healthcare Agent: _____

Family Doctor: _____
家庭醫生

Referred By: _____
介紹人

Has this office previously treated any member of your family: Yes ___ No ___ Name: _____
可有家庭成員曾經看過 尹惠珍醫生? 有 / 沒有 如果有, 姓名:

Insurance & Payment 保險與付費

Bill will be paid by? Self _____ Insurance _____ Other _____
付款人: 自己 保險 其他

Insured's Name: _____ Relationship to Patient: _____
保險會員姓名 和病人的關係

Date of Birth: _____ Business No: _____
出生日期 工作電話

Social Security #: _____ ID #: _____
工卡號碼

Patient is Cantonese / mandarin / Spanish speaking only Referral is required : YES / NO
Medicare, Medicaid, commercial insurance, worker's compensation, auto (no-fault) insurance

Jean Yun MD

Orthopaedic Surgery

Past Medical History

Please list all surgeries, illness, and injuries: 請寫下所有手術, 痛症及損傷

Medications: 請寫下現在服用的藥物

Health Questions

Yes___ No___ Are you allergic to any drugs or medication? 有沒有對任何藥物敏感
If yes, 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?
有沒有對全身麻醉藥敏感?

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 a 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 have a family history of rheumatoid arthritis, gout or lupus?
你或你的家人有沒有癩風濕, 尿酸, ?

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? 這次應診的病症是不是因工作受傷?

Yes___ No___ Is your visit related to a car accident? 這次應診的病症是不是因為車禍?

When was your last physical examination? _____ BP 血壓 _____ 身高 height _____ 體重 weight _____

Briefly explain the reason for today's visit. 今天應診的原因

Yes___ No___ have you seen another orthopaedic surgeon about the SAME problem which brings you here?
Comments _____

I hereby authorize payment to be made directly to Jean Yun, M.D. for any medical or surgical benefits that she 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.

I also give permission for the use of any photographs, fluoroscopy injection or X-rays of this case for medical lectures, publications, or teaching purpose.

I have received information regarding the providers of care in this organization, the grievance process, the patient's Bill of Rights and responsibilities.

Responsible Party / Parent Signature

Print Name

Witness

Date

FOR OFFICE USE ONLY

today pain is ___ to 10, Flu, Pneumococcal, Last DEXA _____, () falls in the past year