

余維新醫學博士
Benson W. Yu, M.D.

Internal Medicine (內科專科)

3601-D Chain Bridge Road, Fairfax, VA 22030
Tel (703) 691-1136 Fax (703) 691-8116 www.docyu.com

PATIENT INFORMATION 病人資料

Last Name 姓氏: _____ First Name 名稱: _____ M.I. _____ 中文名: _____

Phone 電話 - Home 住宅: _____ Mobile 手提: _____ Work 辦公室: _____

Date of Birth 出生日期: _____ / _____ / _____ Age 年齡: _____

Sex 性別: ☐ M 男 ☐ F 女 ☐ Married 已婚 ☐ Single 未婚 ☐ Other 其他 _____

Social Security# 社會安全號碼: _____ Occupation 職業: _____

Mailing Address 住址: _____

Address 地址 _____ City 市 _____ State 省 _____ Zip Code 郵政編碼 _____

Employer's Name & Address 服務機關名稱及地址: _____

Emergency Contact & Phone number 緊急聯絡人及電話: (_____) _____ / _____ Relationship 關係: _____

Who refers you to our office 介紹人: _____ Living Will 遺囑: ☐ Yes 有 ☐ No 無

INSURANCE INFORMATION 醫療保險資料

Do you have insurance? ☐ Yes 有 ☐ No 無

Primary Insurance 保險公司: _____

Member ID 保險編號: _____ Group #: _____

Relationship to Policy holder 與投保人關係: ☐ Self 本人 ☐ Spouse 配偶 ☐ Child 子女 ☐ Others 其他 _____

Secondary Insurance 其他醫保: _____

Member ID 保險編號: _____ Group #: _____

Relationship to Policy holder 與投保人關係: ☐ Self 本人 ☐ Spouse 配偶 ☐ Child 子女 ☐ Others 其他 _____

PATIENT AUTHORIZATION 病人授權書

1. ASSIGNMENT OF INSURANCE BENEFITS: I hereby authorize direct payment of medical benefits to Dr. Yu for services rendered by him in person or under his supervision. I understand that I am financially responsible for any balance not covered by my insurance.

本人同意余維新醫生診所向醫療保險公司申報診療費及本人同意支付保險公司未付之差額。

2. AUTHORIZATION TO RELEASE INFORMATION: I hereby authorize Dr. Yu to release any medical or incidental information that may be necessary for either medical care or in processing applications for financial benefits.

本人授權余維新醫生診所於必要時將本人之病歷提供予有關醫療或醫療保險機構查閱。

Patient/Representative Signature 簽名: _____ Date 日期: _____

MEDICAL HISTORY

病歷

Past Medical History and Review of Systems

Please circle the problems you had before or have now:

請圈選曾患過或現有之症狀

- | | | |
|----------------------------|----------------------------------|----------------------------|
| 1. High blood pressure 高血壓 | 17. Hay fever 枯草熱 | 33. Irradiation 放射治療 |
| 2. Diabetes 糖尿病 | 18. Abdominal pain 腹瀉 | 34. Headache 頭痛 |
| 3. Cancer 癌症 | 19. Indigestion 消化不良 | 35. Kidney disease 腎臟病 |
| 4. Heart disease 心臟病 | 20. Nausea 噁心 | 36. Kidney stone 腎結石 |
| 5. Chest discomfort 胸部不適 | 21. Vomiting 嘔吐 | 37. Urinating problem 泌尿問題 |
| 6. Shortness of breath 氣喘 | 22. Constipation 便秘 | 38. Arthritis 關節炎 |
| 7. Swollen ankles 腳腫 | 23. Diarrhea 腹瀉 | 39. Low back pain 腰背痛 |
| 8. Dizziness 頭暈 | 24. Blood in stool 便血 | 40. Skin disease 皮膚病 |
| 9. Palpitation 心悸 | 25. Peptic ulcer 消化性潰瘍 | 41. blood disorder 血液病 |
| 10. Frequent urination 頻尿 | 26. Weight loss 體重減輕 | 42. Venereal disease 性病 |
| 11. Rheumatic fever 風濕熱 | 27. Hemorrhoids 痔瘡 | 43. Anxiety 焦慮症 |
| 12. Asthma 哮喘 | 28. Gall bladder disease 膽囊病 | 44. Depression 憂鬱病 |
| 13. Bronchitis 支氣管炎 | 29. Colitis 大腸炎 | 45. Anemia 貧血 |
| 14. Pneumonia 肺炎 | 30. Hepatic disease 肝病 | 46. Gout 痛風 |
| 15. Persistent cough 久咳 | 31. Change in bowel habit 大便習慣改變 | |
| 16. T.B. 結核病 | 32. Thyroid disease 甲狀腺疾病 | |

Others 其他: _____

Allergies to Medications, X-Ray dyes, or Other Substances?

對藥物, X 光顯影劑或其他醫藥物質有無過敏? Yes 是 ☐ No 無 ☐

Name of Medicine
藥物名稱

Type of reaction
反應狀況

Regular medication (name and dosage) 日常服用之藥名及劑量:

Operations 曾做過之手術:

Do you smoke 您抽煙嗎?

No 不 ☐

Yes 有 ☐ packs/day 每天包數 _____

Do you drink 您喝酒嗎?

No 不 ☐

Yes 有 ☐ how much/often 數量/次數 _____

Immunization history and preventive medicine 疫苗接種及預防醫學紀錄:

Pneumovax 肺炎疫苗 No 無 ☐ Yes 有 ☐ When 何時? _____

Flu shot 流行性感胃 No 無 ☐ Yes 有 ☐ When 何時? _____

Hepatitis B: B 型肝炎 No 無 ☐ Yes 有 ☐ When 何時? _____

Tetanus 破傷風 No 無 ☐ Yes 有 ☐ When 何時? _____

The most recent date of the following exams 曾于何時做過下列檢查?

Pap Smear 子宮頸抹片 _____ Breast exam 乳房檢查 _____

Mammogram 乳房攝影 _____ Stool for blood 大便驗血 _____

Prostate exam 攝護腺 _____ Cholesterol check 膽固醇 _____

Family History 家族史

Has any member of your family (Parents, grandparents, siblings) ever had the followings?

您的祖父母, 父母, 兄弟姐妹曾患有下列疾病嗎?

Illness 病名	Family member 家屬關係	Age of onset 發病年齡
Cancer (type) 癌症 (種類) _____	_____	_____
High blood pressure 高血壓	_____	_____
Heart disease 心臟病	_____	_____
Diabetes 糖尿病	_____	_____
Stroke 中風	_____	_____
Mental disease 精神疾病	_____	_____
Bleeding disease 出血疾病	_____	_____
Other 其他: _____	_____	_____

Signature 簽名: _____

Date 日期: _____

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It is important to keep the doctor informed of any medications you are currently taking and to document this in your file. We request that you fill out the medication list below at each annual visit to the office, even if there are no changes. If you carry a list of medications with you, we can make a photocopy of that list. Thank you for your cooperation.

為了你的健康並能安全使用藥物，請在每次診症前完成此藥品清單。
如你已有填好的列表，請交給我們複印。多謝合作。

Name 姓名: _____

Date 日期: _____

Please list your current medications, both prescriptive and over the counter.

請列出所有你現服用的處方及非處方藥物

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____
- 6) _____
- 7) _____
- 8) _____
- 9) _____
- 10) _____

**AUTHORIZATION TO RELEASE MEDICAL INFORMATION TO
FURNISH BENSON W. YU M.D., WITH MY MEDICAL RECORDS.**

本人授權以下之醫務所發放本人的病歷給余維新醫生

Printed Patient Name 病人姓名: _____

Date of Birth 出生日期: _____ / _____ / _____

I hereby authorize (Name of Physician or Hospital) 醫務所名稱:

Street Address 地址: _____

City 市: _____ State 省: _____ Zip Code 郵政編碼: _____

FAX 傳真號碼: (_____) _____ - _____

Patient Signature 簽名:

Date 日期:

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Dear Patient 致就診者,

HIPPA regulations prohibit your physician from sharing information regarding your medical care with other family members or friends unless prior authorization by the patient is given.

HIPPA是一項聯邦法律對健康照護提供者及健康計劃作出之規定，其中涉及誰可以查看及接收您的健康資訊，包括您最親近的家庭成員及朋友。

I, _____ (Print Name), authorize Benson W. Yu M.D. and his office staff to disclose my medical information to the following family members or close friends who assist in my care.

我, _____ (姓名), 允許余維新醫生及相關健康照護提供者分享我的健康資訊予以下人士。

	Name 姓名	Relationship 關係
1.		
2.		
3.		
4.		
5.		
6.		

Patient Signature 簽署:

Date 日期:

Please be advised, it is your responsibility to keep this information up to date regarding adding or removing names from your disclosure list.

請注意! 如對本列表有任何修改，請自行作出書面通知。