



仁愛脊椎康復中心

Compassion Chiropractic Office

5422 Fort Hamilton Pkwy, Brooklyn, NY 11219

(347) 425-9929

黎榮俊醫生 Dr. John Li

DISCOVERY - HEALTH DANGERS (健康調查)

PERSONAL INFORMATION (個人資料)

L | R Xray # _____

Name (中文姓名): _____ (英文姓名): _____

Address: (住址) _____ Language: (語言) English 粵語 國語

City: (城市) _____ Postal/Zip Code: (郵區號碼) _____

Cellphone #: (手提電話) _____ Home phone #: (家中電話) _____

Age: (年齡) _____ Birth Date (出生日期): [M]月 ____ [D]日 ____ [Y]年 _____

Gender: (性別) M (男) F (女) Occupation: (職業) _____

Single (單身) Widowed (喪偶) Married (SPOUSE'S NAME) 已婚 (配偶名字): _____

of Children (有多少個兒女?) and their ages (他們的年齡) _____

Referred by: (從哪裏得知我們) _____

PREVIOUS TRAUMAS (過往創傷)

MOTORIZED VEHICLE ACCIDENTS (車輛事故)

Year: (年) _____ Injuries: (傷處) _____

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High Speed Collisions > 40km/h? Vehicles unrepairable?
高速碰撞 車輛未修理好導致受傷

Whiplash injury? Un-belted accident?
頸椎過度屈伸損傷 沒使用安全帶導致受傷

FALLS (跌傷)

Falls from heights (從高處跌下) _____

Falls from stairs (從梯級跌傷) _____

Other falls (其他跌傷) _____

Broken bones (骨折) _____

Childhood falls (兒時跌傷) _____

OCCUPATIONAL STRESSES (工作壓力)

Work injuries (工作受傷) _____

Home injuries (家中受傷) _____

My job requires: (我的工作需要)

Heavy Lifting (舉重物) Repetitive stresses (重復性壓力)

Awkward positions (奇怪姿勢)

Sitting/standing long periods (長時間坐著/站著)

POSTURES & HABITS

Sitting > 6 hours/day (每天坐多於6小時)

Use phone/computer > 2 hours/day (每天使用電話/電腦多於2小時)

Head forward postures (頭部前傾姿勢)

Stomach sleeper (腹睡)

BIRTH TRAUMA was your delivery (產傷)

Difficult (難產) Forceps (用鉗子) C-section (剖腹產)

Epidural (硬膜外) Suction (吸出)

Resuscitation (搶救後復生)

What is your present health concern?
請列出你身體上的問題

How long have you had this condition?
這個狀況維持了多久?

What activities aggravate your condition?
什麼動作會使你的狀況惡化?

What relieves your condition?
什麼能減輕你的狀況?

Are you getting pain or numbness in your arms or legs?
你的四肢有沒有疼痛或麻痺?

Is your condition getting progressively worse?
你的情況有否漸漸惡化?

Yes No It's constant
有 沒有 維持現狀

It comes and goes
時好時壞

Pains are: Sharp Dull Burning
痛楚的類型：刺痛 隱痛 灼熱

Tightness Throbbing
不能放鬆 抽痛

Pain severity (mark on the line, 0 is no pain;
10 is most severe)

疼痛的程度
(有0-10, 0代表不痛; 10代表最痛)

0.....10

How is this condition interfering with
your life?

這個狀況怎麼影響到你的生活?

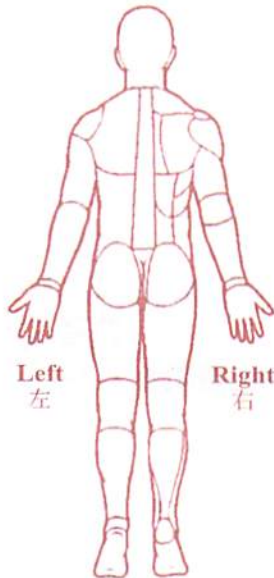
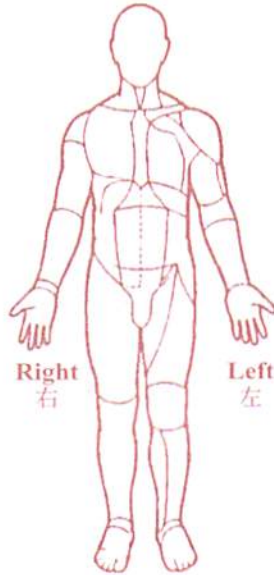
Work (工作)

Daily Routine (日常生活)

Others (其他) _____

MARK WITH ○ ON THE
DIAGRAM BELOW
TO INDICATE
YOUR PAIN PART

請在下圖用○
指示疼痛的部位



DO YOU HAVE THE CONDITIONS BELOW?
你有以下的症狀嗎?

Insomnia Headache Nervousness
失眠 頭痛 精神緊張

Dizziness Neck pain Allergies
頭暈眼花 頸痛 過敏

Numbness/pain in hands
手部麻木/疼痛

Eye problems Hearing problems
眼睛問題 聽力問題

Stiff neck Tonsils problems
脖子僵硬 扁桃腺問題

Stomach problems Acid reflux
胃病 胃酸

Congestion Shortness of breath
氣阻 氣短

Heart diseases Liver conditions
心臟問題 肝臟問題

Chronic Fatigue Skin problems
慢性疲勞 皮膚問題

Backaches Lumbago Sciatica
腰痛 腰痠 坐骨神經痛

Constipation Kidney problems
便秘 腎的問題

Menstrual problems
月經失調

Cold feet Numbness/pain in feet
手腳冰冷 腿部麻木/疼痛

Do you presently, or have in the past:
你以往或 現在有以下的情況嗎？

- Smoke? (吸煙)
 Consume Alcohol? (飲酒)
 Take recreational drugs? (服食軟性藥物)

List all the medications you currently taking.
請列出你現時服用的藥物。

For what conditions have you performed any surgeries?
(你有做過哪些手術？哪一年？什麼原因？)

Any other details that may assist the Doctor in understanding your lifestyle and health status?
(有沒有其他資料需要提供給醫生，使醫生能更詳細地了解你的生活和健康情況？)

ALL HEALING COME FROM THE SPINE 健康生活從脊椎開始

How has your condition affected your quality of life?
(你的狀況如何影響到你的生活質素？)

How has your condition affected you emotionally?
(你的狀況有否影響到你的情緒？)

How has your condition affected your family life and / or relationships?
(你的狀況有否影響到你和家人的關係？)

If left uncorrected, how do you see your condition affecting your life over the next 1-5 years?
(如果你現在不去根治這個健康問題，你認為5年後你的情況會惡化嗎？)

What is your greatest motivation for seeking out a solution for your condition?
(如果我們幫助改善你的健康情況，你最想得到和做到的是什麼？)

Healing takes time. If you have discovered your health problems are accumulated from many years, are you willing to spend half year or one year to improve your current health conditions?

(康復是需要時間的)。你現在的健康問題不是一、兩天所造成的，可能是幾年或十幾年前已開始累積的問題。要完全糾正你的身體狀況，是需要時間的。你是否願意用半年至一年的時間去改善你的狀況嗎？

脊椎治療聲明同意書

Our goal is to locate and correct vertebral subluxation, thereby restoring normal function to the spine, and removing any interference to nerve function, and maximizing the transmission of nerve impulses from brain to body. While we often see dramatic improvements in many disease and conditions by restoring function to the spine and removing nerve interference, Chiropractic is not a treatment of any diseases condition.

I understand and I am informed that, as in all health care, in the practice of Chiropractic there are some possible risks to care including, but not limited to, minor strains and sprains, and disc injuries. Physicians, Chiropractors, Osteopaths and Physiotherapists are required to advise patients with neck problems of the following – there have been very rare incidents of injury to the vertebral artery during the course of treatment. This has caused strokes, or stroke-like occurrences, which are usually of a temporary nature. The chances of this happening are less than 1 in 5.8 million. Tests with or without X-rays have been performed on you to minimize this risk to yourself. Chiropractic is considered to be one of the safest, most effective forms of therapy for neck conditions. If you have any questions about this, please ask your chiropractor.

There are risks and possible risks associated with manual therapy techniques used by doctors of chiropractic. In particular you should note that, while rare, some patients may experience short term aggravation of symptoms or muscle and ligament strains or sprains as a result of manual therapy techniques.

I understand that any insurance coverage is an arrangement between the insurance company and me. I understand and agree that all services, rendered, are charged directly to me and that I am personally responsible for payment.

I acknowledge Compassion Chiropractic Office has the full right to keep my X-ray report. I have read and understand how my Patient Health Information will be used and I agree to these policies and procedures.

I acknowledge I have read this consent and I have discussed, or have been offered the opportunity to discuss, with my chiropractor the nature and purpose of chiropractic treatment in general (including spinal adjustment), the treatment options and recommendations for my condition.

我們的目標是找出並糾正脊椎移位和椎骨脫位，從而恢復脊椎的正常功能，讓我們的大腦到全身的經絡都可以有好的健康運作。通過治療，你全身的健康將會得到改善，甚至一些長期的疾病也會得到改善和根治。脊椎治療是全身整體的治療，並不是針對任何一種疾病。

我明白和了解到，在所有醫療保健，包括治療脊椎的做法，也有一些可能出現的風險，包括但不限於肌腱扭傷和輕微的不適。家庭醫生，脊椎醫生，骨科醫生，和物理治療師都需要向病人提供關於頸椎治療可能引起的風險，在5百萬份之一的機會裏，會引起椎動脈損傷的非常罕見事件。脊椎治療是公認為非常安全和有效的頸椎治療其中一種。如果您有任何疑問，請詢問您的脊椎醫生。

在治療的過程中，有些病人會感到肌肉酸痛或繃緊，這都是正常的治療後反應。如有以上狀況，請向醫生反映。

我明白到任何保險承包都只是保險公司和我之間的安排。若接受所有提供的治療，我會為一切費用負責任。

我明白到「仁愛脊椎康復中心」有全權去保留我的X光報告。我明白並同意「仁愛脊椎康復中心」可以使用我的健康調查資料作各種醫療用途。在我同意並了解的情況下，醫生有詳細向我分析並討論我的病情，治療目標，和治療方法。我願意遵行醫生為我建議的糾正進度表。我明白並同意，若我缺席任何的預約，醫生有權因應我的進度而更改我的療程。

我已閱讀上述聲明，並同意接受治療。

Signature (簽名): _____

Date (日期): _____