

Child Health Information Form 儿童健康表格

Date: _____

Name : _____

姓名

Male 男 / Female 女

DOB: _____

出生日期

Birthcert No: _____

出生纸号码

Mother's Name: _____

母亲姓名

Father's Name: _____

父亲姓名

Address: _____

地址

Code: _____

邮政号码

Home Phone: _____

住家电话

Parent's Hp #: _____

父/母电话

How were you referred to our office? _____

是否有人介绍您来本公司?

During Pregnancy 怀孕期间

Was the child's mother on any medication? 小孩母亲是否曾服用药物? YES是 / NO否

If yes, please describe 如果有, 请列出:

Did she smoke or consume alcoholic beverages? 是否有抽烟或喝含酒精饮料? YES 是 / NO否

If yes, please describe 如果有, 请列出:

Was there back pain? 背部疼痛? YES是 / NO否

Approximately how long was the labor? 分娩过程大约多久?

Was the child's mother physically ill? (Colds, flu, allergies, measles etc.) YES是 / NO否

小孩母亲是否常患有: 感冒, 伤风, 敏感, 麻疹等等?

If yes, please describe: _____

如果有, 请列出

Regarding Labor 关于分娩

Was it chemically induced? 催生? YES是 / NO否

Was a C-section performed? 剖腹生产? YES是 / NO否

Were forceps used? 用钳子? YES是 / NO否

Did doctor have hands on the infant? 医生在旁协助? YES是 / NO否

(95% of all infants were born with hands on or forceps) (95%的婴儿出生时都有医生在旁协助或用钳子)

Was the baby premature? 早产婴儿? YES是 / NO否

If yes, what was his/her age and weight when born _____

如是, 婴儿出生时的月份与重量?

Does/did the child suffer from any of the following? 小孩是否有或曾经有过?

Headaches 头痛 YES是 / NO否

Sleeping disorders 睡眠失调 YES是 / NO 否

Breathing trouble 呼吸困难 YES是 / NO否

Irritability 烦躁 YES是 / NO否

Frequent colds 感冒 YES是 / NO否

Bloody noses 流鼻血 YES是 / NO 否

Diarrhea 腹泻 YES是 / NO否

Colic 腹痛 YES是 / NO否

Milk Intolerance 不可喝牛奶 YES是 / NO否

Digestive issues 消化问题 YES是 / NO否

Other 其它: _____

Ear Infections 耳朵感染 YES是 / NO否

Allergies 敏感 YES是 / NO否

Fatigue 疲倦 YES是 / NO否

Hyperactivity 极度活跃 YES是 / NO否

Frequent Flu 伤风 YES是 / NO否

Meningitis 脑膜炎 YES是 / NO否

Constipation 便秘 YES是 / NO否

Rashes 疹 YES是 / NO否

Bed wetting 尿床 YES是 / NO否

Does/did the child 小孩是否有或曾经

Seem accident prone? 易于意外? YES是 / NO否

Ever fallen down steps? 曾经从梯级跌下? YES是 / NO否

Ever been in a motor vehicle accident? 发生过交通意外? YES是 / NO否

Ever been hospitalized or had surgery? 住院或动手术? YES是 / NO否

Ever broken bones or had sprains? 骨折或扭伤? YES是 / NO否

Have poor posture? 不正确姿势? YES是 / NO否

Seem nervous or shy? 易紧张不安或害羞? YES是 / NO否

What activities does the child participate in? (Different sports, computer, gaming etc.)

小孩参加什么活动? (各不相同的运动, 电脑, 电动游戏等等)

What are the main health concerns? 最主要关切的健康问题是什么?

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