



Website : [www.advancedpaincentres.com](http://www.advancedpaincentres.com) **Treatment Application**

This treatment application is the first step in assisting the doctor in determining if you are a candidate for our non-surgical procedures and specialized treatment technology. Please answer the following questions honestly and to the best of your knowledge.

这份表格是在协助医生判断您是否适合接受我们的无手术与专业的治疗技术。请诚实地回答以下的问题。

Surname 姓 \_\_\_\_\_ Name 名 \_\_\_\_\_ Date 日期 \_\_\_\_\_

Address 地址 \_\_\_\_\_ Postal Code 邮政号码 ( \_\_\_\_\_ )

IC or Passport 身份证或护照 \_\_\_\_\_ Date of Birth 出生日期 \_\_\_\_\_ Gender 性别 M 男 F 女

Home Phone 住家电话 \_\_\_\_\_ Mobile 手机号码 \_\_\_\_\_

Occupation 职业 \_\_\_\_\_ E-Mail 电子邮件 \_\_\_\_\_

Do you wish to receive our newsletter through email on the latest health tips on wellness, nutrition and exercise? Y N  
您希望通过电子邮件收到最新的健康，营养和运动资讯？ 要 不要

Marital Status 婚姻状况: S M D W No. of children 几个孩子 \_\_\_\_\_ Pregnant 怀孕? \_\_\_\_\_

Spouse/Guardian Name 配偶/监护人姓名 \_\_\_\_\_

How Did You Hear About Us? 您是如何知道我们?

- Wanbao 晚报  Shin Min 新明  NE / SE Magazine 东北/ 东南杂志  Internet Search 网际网络  
 Voices 杂志  Zao Bao 早报  Website 网站  MD Referral 医生推荐  
 Physical Therapist Referral 物理治疗师推荐  Facebook 脸书  
 Chiropractic Referral 脊椎神经医生推荐  Other 其他 \_\_\_\_\_

If you were referred, whom can we thank for referring you? 我们要感谢谁推荐您? \_\_\_\_\_

Medical Doctor Name 医生的名字 \_\_\_\_\_ Phone 电话 \_\_\_\_\_

M.D. Address 医生的地址 \_\_\_\_\_

Can we contact your GP to update him/her on your progress? 我们是否可以联系您的家庭医生向他报告您的进展?  
Y 可以 / N 不可以

- What Is Your Main Problem / Symptom Prompting Your Request For A Consultation With Our Doctor? 您前来咨询我们的医生最主要的问题/症状是什么?  
\_\_\_\_\_

Would You Consider This Problem (check one): 你会考虑这个问题 (选一) :

MINIMAL (Annoying but causing NO limitations) 极小 (懊恼, 但没有造成局限)

SLIGHT (Tolerable but causing a little limitation) 轻微 (可容忍, 但造成一点点的局限)

MODERATE (Sometimes tolerable but definite cause of limitations) 中等 (有时可容忍, 但有一定的局限)

SEVERE (Causing Significant limitations) 严重 (造成重大的局限)

EXTREME (Causing near constant limitations) 极端 (造成恒久的局限)

- Is your problem/concern: 您的问题/症状:

Improving 在进步  Worsening 在恶化  Not Changing 没变化

- Has your problem affected your balance: 您的问题是否有影响平衡:  Yes 有  No 没有

- What kind of treatments have you received for your problem/pain? 您接受过什么样的治疗?

- Physical Therapy 物理治疗  Chiropractic 脊椎矫正  Acupuncture 针灸  
 Pain Medications 止痛药  TCM 中医

Which Meds Are You Taking? 您正在服食哪些药物? \_\_\_\_\_

● How many spinal injections? 脊髓注射多少次? \_\_\_\_\_ Date of Last Injection 最后注射日期 \_\_\_\_\_

● Spinal Surgery Type and Date 脊髓手术类型和日期 \_\_\_\_\_

● Does your pain wake you up at night? 您半夜会因疼痛而醒来吗?

Yes 会  No 不会 How Often 多常? \_\_\_\_\_

● Have you ever been diagnosed with osteoporosis? 您曾经被诊断患有骨质疏松症吗?  Yes 有  No 没有

● What is your biggest concern if you are unable to find a solution to your main problem? 如果您无法找到您主要问题的解决方案, 什么是您最顾虑的?

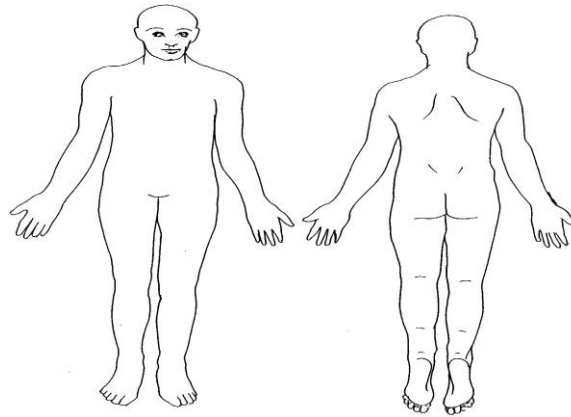
● Any reason that you would not be able to follow doctor's recommendations 有什么原因让您无法遵从医生荐?

Financial 金钱 \_\_\_\_\_ Time 时间 \_\_\_\_\_ Location 地点 \_\_\_\_\_ Other 其他 \_\_\_\_\_

The last section of this application is the General Health History Section. Please complete this section thoroughly and answer to the best of your knowledge. 最后一页是一般的健康历史资料。请彻底完成并给予最佳的答案。

Indicate with an 'x' mark on the drawing the location(s) you have pain and/or altered sensation:

请用 'X' 在图纸标明您有疼痛和/或异常感觉的位置:



Do you have or had in the past any trouble with:

您是否有或曾经有过:

**Nervous System** 神经系统

- Pins & Needles 针刺感觉
- Numbness 麻痹
- Insomnia 失眠
- Dizziness 头晕
- Tinnitus (ear noise) 耳鸣
- Burning Sensation 刺热感觉
- Depression 沮丧感
- Bed Wetting 尿床
- Headache 头痛

**Urinary System** 泌尿系统

- Retained Fluid 排便不溜, 有保留
- Painful Urination 排尿疼痛
- Kidney Stone 肾结石
- Loss of Bladder Control 膀胱失调
- Frequent Urination 频尿

**Other** 其他

- Frequent Cold 习惯性感冒

Cancer 癌症

Diabetes 糖尿病

**Cardiovascular System** 心血管系统

- Rapid Heart Rate 心脏加速
- Heart Attack 心脏病
- Heart Palpitations 心悸
- High Blood Pressure 高血压
- Stroke 中风
- High Cholesterol 胆固醇

**Respiratory System** 呼吸管

- Emphysema 气肿
- Sinus problem 鼻窦问题
- Chronic Cough 长期咳
- Asthma 哮喘

Other Troubles, please specify 其他困扰, 请列明:

Signature: \_\_\_\_\_

**Reproductive System** 生殖系统

- Low Fertility 底生育率
- Miscarriage 流产
- Pain during Menses 经痛
- Irregularity Menses 经期不规律

**Digestive System** 消化系统

- Constipation 便秘
- Irritable Bowel Syndrome
- Diarrhea 腹泻
- Ulcer 溃疡