

病历

MEDICAL HISTORY

请完成以下问题，在适当的答案处划圈

Please complete and circle answer where necessary

1. 姓名 _____ 日期 _____
NAME DATE

2. 年龄 _____
AGE

3. 这是您第一次怀孕吗? 是 (如是, 转至 8) 否
Is this your first pregnancy? YES (If YES, go to 8) NO

4. 您有孩子吗? 是 否 (如否, 转至 5)
Do you have any children? YES NO (If NO, go to 5)

您的孩子多少岁? _____, _____, _____, _____, _____, _____, _____, _____, _____

How old are your children?

您喂母乳吗? 是 否
Are you breastfeeding? YES NO

您的生产方式 自然生产 剖腹产 二者皆有
How were the children born? Vaginally Caesarean both

有并发症吗? _____
Were there any complications?

5. 是否流过产? 是 否 (如否, 转至 6)
Have you had any miscarriages? YES NO (If NO, go to 6)

流过几次产? _____

How many miscarriages have you had?

流产需要医院手术吗? 是 否
Did any miscarriages require an operation in hospital? YES NO

上次流产是什么时候? _____

When was the last miscarriage?

有并发症吗? _____
Were there any complications?

6. 是否堕过胎? 是 否 (如否, 转至 7)
Have you ever had a termination of pregnancy? YES NO (If NO, go to 7)

上次堕胎是什么时候, 什么地点? _____

When and where was the last termination?

有并发症吗? _____
Were there any complications?

7. 是否曾经宫外孕（发生在输卵管处） 是 否
 Have you ever had an ectopic pregnancy (in the Fallopian tube)? YES NO
 如是，当时情况如何？

If YES, what happened?

8. 上次月经的第一天是什么时候？ _____

When was the first day of your last menstrual period?

这次月经正常吗？	是	否		
Was this a normal period?	YES	NO		
多长时间月经一次？	28 天	>28 天	<28 天	不规律
How often do you get a period?	28 days	>28 days	<28 days	Irregular
月经持续多少天？	<5 天	5-10 天	>10 天	
How many days do you bleed?	<5	5-10	>10	
月经量如何？		较少	中等	较多
How would you describe the amount of bleeding?		Mild	Moderate	Heavy
痛经如何？		无	较轻	中等
How would you rate pain with periods?		None	Mild	Moderate
				Severe

9. 怀孕时是否使用任何避孕法？ 是 否
 Were you using any form of contraception when you fell pregnant? YES NO
 如是，您使用的是何种避孕法，为何失败？ _____

If so, what contraception were you using and why do you think it failed?

您是否对任何避孕法感兴趣？如是，是什么避孕法？ _____

Is there any contraception that interests you? If so, what?

10. 过去是否进行任何手术需要麻醉？ 是 否
 Have you had any prior surgery requiring an anaesthetic? YES NO
 进行的是什么手术？

What operations have you had?

麻醉有何问题？ _____

Were there any problems with anaesthetics or relatives with problems?

11. 您是否患有或曾经患有这些疾病？ 请划圈
 Do you have or have had any of these medical problems? Please circle

哮喘	糖尿病	癫痫	高血压	心脏病
Asthma	diabetes	epilepsy	high blood pressure	heart problems
心杂音	出血问题	乙型肝炎	丙型肝炎	
heart murmurs	bleeding problems	hepatitis B	hepatitis C	
性传播感染	忧郁症	其它	_____	
sexually transmitted infections	depression	other		

12. 是否服用任何药物? 是 否
Do you take any medications? YES NO
服用的是什么药物? _____

What medications do you take?

13. 是否过敏? 是 否
Do you have any allergies? YES NO
您有什么过敏, 症状如何? _____

What allergies do you have and what happens?

14. 您是什么血型 (如果已知)? _____
What is your blood group, if known?

15. 是否曾经进行巴氏涂片? 是 否
Have you ever had a papsmear? YES NO
上次巴氏涂片是什么时候? _____
When was your last papsmear?
结果如何? _____

What was the result?

16. 是否吸烟? 是 否
Do you smoke cigarettes? YES NO
每天吸多少烟? _____

How many cigarettes per day do you smoke?

17. 是否饮酒? 是 否
Do you drink alcohol? YES NO
饮酒频率如何? 每天 每周 周末 每月
How often do you drink? Every day once/week weekends monthly

18. 是否施用任何其它软性毒品? 是 否
Do you take any other recreational drugs? YES NO
频率如何? 每天 每周 周末 每月
How often? Every day once/week weekends monthly

19. 最后一次进食任何食物或饮料是什么时候? _____
When was the last time you ate or drank anything?

20. 今天如何回家? _____
How are you getting home today?

21. 今天有人带您回家吗? 是 否
Is someone taking you home today? **YES** **NO**
如是, 是谁(名字)? _____
If so, who (first name)?
此人与您什么关系? _____
What relationship does this person have to you?
陪产人员的联系电话号码 _____
Contact phone number of support person?
您希望此人参与您的术后康复吗? 是 否
Would you like this person to join you in recovery after the procedure? **YES** **NO**

22. 是否想问医生任何问题? _____
Are there any questions that you would like to ask the doctor?

所有信息完全保密。

All information is treated confidentially.

完成此表后, 您将与医生会诊, 并有机会提问。

After completing this form you will have a consultation with the doctor and an opportunity to ask questions.

如果您尚未准备好, 没有义务必须今天进行手术。

You are under no obligation to have the procedure performed today if you are not ready.