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					
AGE					
3. 这是您第一次怀孕吗?	是 (如是,转至 8)	2	<u> </u>		
Is this your first pregnancy?	YES (If YES, go to 8	S) N	Ο		
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	s?				
5. 是否流过产?	否 (如否,转	┗(如否,转至 6)			
Have you had any miscarriag	es? 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 hospita	al? YES	NO		
上次流产是什么时候?					
When was the last miscarriag	re?				
有并发症吗?					
Were there any complications	s?				

6. 是否堕过胎?		是	2	5 (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 ten	rmination?						
有并发症吗?							
Were there any complications?							
ョ 旦不録なる合は 取 / 尖圧 た	检照答从 、			=	不		
7. 是否曾经子宫外孕(发生在 Have you ever had an ectopic pr			lonian t	是 tube)? YE ?	否 S NO		
如是,当时情况如何?	egnancy (in	i uie Tai	портан с	uue): IL	3 110		
如走,当时用办如问:							
If YES, what happened?							
8. 上次月经的第一天是什么时	·候?						
8. 工队月经的第一人走旧公司 When was the first day of your l		al pario	 d2				
这次月经正常吗?	是 是	ai perio	否				
Was this a normal period?	YES		NO				
多长时间月经一次?	28 天	>28 ₹		<28 天	不规律		
How often do you get a period?					•		
月经持续多少天?	, <5 天		•	天 >10	C		
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 am	ount of blee	eding?	Mild	Moderat	e Heavy		
痛经如何?		无	较轻	中等	较重		
How would you rate pain with p	eriods?	None	Mild	Moderat	e Severe		
				_			
9. 怀孕时是否使用任何避孕法				是	否		
Were you using any form of com							
如是,您使用的是什么避孕法	,为何失则	久?					
If so, what contraception were y	ou using an	d why d	lo vou tl	hink it failed?			
is so, what contraception were y	ou using un	a wiij c	io you u	iiiiiii it iuiica.			
您是否对任何避孕法感兴趣?	如是,是作	十么避马	≥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 aparet	tions have you h	d9					
w nat operat	tions have you h	iau ?					
麻醉有何问							
Were there	any problems w	ith anaes	thetics	or relat	ives wit	h problem	ns?
11. 您是否是	患有或曾经患有	任何这	些疾病	i ?		请划圈	
Do you have	e or have had an	y of thes	se medi	cal prol	blems?	Please c	ircle
哮喘	糖尿病	癫痫		高血	E		心脏病
Asthma	diabetes	epilep	sy	high	blood p	ressure	heart problem
心杂音	出血	问题		乙型	肝炎	丙型肝药	炎
heart murn	nurs bleed	ling pro	blems	hepat	titis B	hepatiti	s C
性传播感染	ŧ		忧郁	定	其它_		
sexually tra	nsmitted infec	tions	depre	ession	other		
12. 是否服	用任何药物?		是		否		
	any medication	ns?	YES		NO		
•	· ·么药物?						
What medic	cations do you ta	ıke?					
13. 是否过	敢?	是		否			
	e any allergies?			NO			
•	, 且 上敏,症状如何						
	ies do you have		t happe	ens?			
14. 您是什么	么血型(如果E	已知)?					
What is you	r blood group, i	f known	?				
15. 是否曾纪	经进行巴氏涂片	ī ?		是		否	
Have you ev	ver had a papsm	ear?		YES		NO	
上次巴氏涂	片是什么时候	?					
When was y	our last papsme	ear?					
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 recrea	tional drugs?	YES	NO	
频率如何?	每天	每周	周末	每月
How often?	Every day	once/week	weekends	monthly
How are you getting home to 21. 今天有人带您回家吗? Is someone taking you home 如是,是谁(名字)? If so, who (first name)?	是 today? YES	否 NO		
此人与您什么关系? What relationship does this p	paraon have to			
陪产人员的联系电话号码 _	•			
Contact phone number of sup	pport person?			
您希望此人参与您的术后属	复吗?		;	是 否
Would you like this person to	o join you in re	covery after th	e 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 doc	tor?	

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.