REMOTE PATIENT QUESTIONNAIRE 遠距病人問診單

Date 日期:/	Age 年齡:	Gender 性別: [□Male 男	Female	女	
		Height 身高:		Weigh	t 體重:	
Name 姓名:		— BP 血壓:	/	mmHg	Pulse 心跳:	/min 分
Chief Complain 主要問題:						
Chief Complain 主要問題:						
History 病史:						
Circle current pain area 疼痛:						
Pain Level 疼痛程度:/10;	\bigcirc	\bigcirc				
Pain Frequency 頻率:/		ક ટ				
□ Sharp Pain 刺痛 □ Dull Pain 鈍痛						
□ Numb 麻木 □ Stiffness 僵硬) []					
□ Tingling 麻癢 □ Swelling 腫脹	//{\\	/ <i>]</i> /~~\{\`\				
	Glas () Josef We					
	Right Left	Left Right	t <u>—</u>			
	175	(Y)				
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		<u>BD</u>				

十問單: (Check if symptoms exists a	
•	□ Chills 畏寒 □Aversion to wind 畏風 □Aversion to hot 畏熱 □ Cold limbs 手足冷
□ Warm limbs 手足溫 □ Hot limbs 手足熱 	
Perspiration 流汗: □Easy to sweat 易出	汗 □ Hard to sweat 不易出汗 □ Spontaneous sweat 流汗不止 □ Sweat during sleep 夜間盗汗
☐ Sweaty hand and feet 手足出汗	
Sleep 睡眠: Time to bed 上床時間	_PM / AM ~ Wake up 起床時間AM □Wake up during the night 晚上會醒來 ?
How many times 醒來多少次? Need to	restroom 需要上廁所? □Yes □No When will you wake during the night 什麼時間醒來?
	re after wake up 睡醒仍累 □Easy get tire 平時易累 □sleepy at day 白天想睡 □bad tempered 易怒 ad 悲傷 □ Tense 緊張 □ Panic 恐慌 □ Restless 坐立不安
	□ Eat a lot 吃的多 □ Easy get hungry 易餓 □ No appetite 不想吃 □ Bloating 脹氣 □ Hiccup 打嗝□Pain when full 飽時痛 □Indigestion 消化不良 □ Prefer cold food 喜冷食 □ Prefer warm food 喜溫飠
Thirst □渴: □ Always thirsty 常□渴 □ [□ Don't want to drink 不想喝 □ Prefer cold di	Dry mouth □乾 □ Drink a lot 喝很多 □ Drink very little 喝很少 □ Forgot to drink 常忘了喝 lrink 喜冷饮 □ Prefer warm drink 喜溫饮
□ Water 水 □ Coffee 咖啡 □ Tea 茶 □ Milk	← 牛奶 □Juice 果汁 □Soft Drink 汽水 □ Wine 酒
	/ days 幾天; □ Shaped 成形 □ Loose 鬆散 □ Diarrhea 腹瀉 □ Hard 硬 □ Soft 軟
	rolapse 脫肛 □Pebble like stool 羊屎狀 □Burning sensation 灼熱感 □Sticky 大便黏 □Smelly 有臭吗
Urinary Health 小便: times 幾	
Urinary Health 小便: times 幾?□ Bloody 血尿 □ Pain 尿痛 □ Burning sens	rolapse 脫肛 □Pebble like stool 羊屎狀 □Burning sensation 灼熱感 □Sticky 大便黏 □Smelly 有臭吗 次 /day每天; □ Clear 清澈 □ Turbid 混濁 □ Light yellow 淡黃 □ Yellow 黃 □ Dark brown 褐色
Urinary Health 小便: times 幾3 □ Bloody 血尿 □ Pain 尿痛 □ Burning sens Menstruation 月經: Last Period 上次月經 Cramp 經痛: □ before 來前 □ on it 經期間 □	rolapse 脫肛
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Patient Signature: Date:
Limbs 四肢: □ Upper arm pain 上臂痛 □ Forearm pain 前臂痛 □ Elbow pain 手肘痛 □ Wrist pain 手腕痛 □ Finger pain 手指痛 □ Finger swollen 手指腫 □ Nail pain 指甲痛 □ Carpal tunnel syndrome 腕道症候群 □ Hand weakness 手無力 □ Hand shaking 手擅抖 □ Thigh pain 大腿痛 □ Calf pain 小腿痛 □ Knee pain 膝痛 □ Leg weakness 腿無力 □ Ankle pain 腳踝痛 □ Ankle swollen 腳踝腫 □ Foot swollen 腳腫 □ Foot itchy 腳癢 □ Toe pain 腳趾痛 □ Toe swollen 腳趾腫 □ Toe nail pain 腳趾甲痛 □ Heel pain 足跟痛 □ Plantar fasciitis 足底筋膜炎
Abdomen 腹部: □ Abdominal pain 腹痛: □ Upper left 左上腹 □ Upper right 右上腹 □ Lower left 左下腹 □ Lower right 右下腹 □ Acute pain 刺痛 □ Dull pain 鈍痛 □ Worse when press 拒按 □ Relief when press 喜按 □ Testicular pain 睪丸痛 □ Scrotum swollen 陰囊胆□ Itchy vulva 陰癢
Back/Waist 腰背: ☐ Upper back pain 上背痛 ☐ Lower back pain 下背痛 ☐ Spine pain 脊椎痛 ☐ Difficult bending down/up 俯仰困難 ☐ Difficult twist torso 扭腰困難 ☐ Sciatica 坐骨神經痛: ☐ to front of thigh 至大腿前 ☐ to side of thigh 至大腿側 ☐ to back of thigh 至大腿後
Chest 心胸: □ Palpitation 心悸 □ Chest tightness 胸悶 □ Chest pain 胸痛 □ Short breath 短氣 □ Inhale difficulty 吸氣困難 □ Exhale difficulty 吐氣困難 □ Breast mass 乳房腫塊 □ Breast swollen/pain 乳房腫痛 □ Breast discharge 乳房分泌 □ Flank pain 脇痛 Cough 咳嗽: □ Dry cough 乾咳 □ Phelgm/Sputum 有痰: □ Clear 透明 □ White 白 □ Light yellow 淡黄 □ Dark Yellow 深黄 □ Sticky 黏稠
Neck/Shoulder 肩頸: □ Neck pain 頸痛 □ Stiff neck 落枕 □ Neck swollen 頸腫 □ Shoulder pain 肩痛:□ Difficult lifting forward 前舉困難 □ Difficult lifting backward 後舉困難 □ Difficult lifting up 上舉困難
Mouth □:□ Ulcer □舌瘡 □ Toothache 牙痛 □ Bleeding gums 牙齦出血 □ Dry mouth □乾 □ Bitter mouth □苦 □ Throat 喉:□ Throat pain 喉痛 □ Throat itchy 喉癢 □ Lose voice 聲啞 □ Phelgm/Sputum 喉中有痰 □ Difficult swallow 吞嚥困難
Nose 鼻: □ Stuffy nose 鼻塞 □ Runny nose 流鼻涕 : □ Clear 透明 □ White 白 □ Light yellow 淡黄 □ Dark Yellow 深黄□ Sticky 黏稠 □ Nose pain 鼻痛 □ Nose swollen 鼻腫
□ Double vision 複視 □ Floater 飛蚊症 Ear 耳: □ Inner ear pain 耳內痛 □ Ear swollen 耳腫 □ Discharge 耳分泌物 □ Ear ringing 耳鳴 □ Deaf 耳聾
Eye 眼: Dry eye 眼乾 Deye pain 眼痛 Discharge or tear 眼分泌物 Deyelid swollen 眼瞼浮腫 Blur 視力模糊
□ Dizzy 頭暈 □ Head swollen 頭腫
身體部位問題: (Check if symptoms exists and write down you comments 鈎選有出現的症狀並寫下補充說明) Head 頭面: ☐ Headache 頭痛 ☐ Migraine 偏頭痛 ☐ Forehead ache 前額痛 ☐ Occipital headache 後頭痛 ☐ Top of head ache 頭頂痛