AGLOW DENTAL GROUP

New Patient Form (病患资料表)

Personal Information (个人资料)

Title(称谓)	☐Mr ☐Miss ☐Ms ☐Mrs ☐Dr	Gender(性别)：☐Male 男 ☐Female 女 ☐Unspecified(其他)
Surname(姓) ：	First Name (名)：	English Name(英文名字)：
Address (住址)		
Phone No(电话)	Home(住家):	Mobile(手机):
E-Mail(电子邮箱)		Date of Birth(生日): / /
Occupation(职业)		
Insurance Company(保险公司)：	Card No(卡号):	Serial No(序号):
Emergency Contact (紧急联络人)		
Name(姓名):	Relation(关系):	Phone No.(电话):

How did you hear about us? (您是如何得知我们诊所?)

☐Friends(朋友) ☐Family(家人) ☐Advertisement(广告) ☐Brochure(传单) ☐Newspaper(报纸)

☐WeChat(微信) ☐Facebook(脸书) ☐Instagram ☐YouTube ☐Referred by another doctor(其他医师转诊) Name of the doctor(医师姓名):________________ ☐Website(网站) ☐Google ☐Others(其他) Please specify(请说明):____________________

Reason for attendance(今日看诊原因): ____

Oral problems that concerns you (please tick the following boxes) (其他困扰您的口腔问题，请勾选):

☐Bleeding gum(牙龈出血) ☐Sensitivity(牙齿敏感) ☐Discolouration of teeth or fillings(牙齿染色) ☐Crooked/crowded teeth(齿列不整) ☐Hole in teeth(牙齿有洞) ☐Food trapping(容易塞食物) ☐Bad breathe/taste(口气不佳) ☐Headache/Neck ache(头痛/脖子痛) ☐Pain in jaw(颚关节疼痛) ☐Others(其他) Please specify(请说明):____________________

Medical History (医疗病史) Please tick Y for any conditions that apply (若有以下任何疾病请在 Y 栏中打勾)

Conditions（症状）	Y	N	Conditions （症状）	Y	N
Heart Disease 心脏疾病			Osteoporosis 骨质疏松		
High Blood Pressure 高血压			Prolonged Bleeding 流血不止		
Asthma 气喘			Had serious operation in the last two year? 两年内有过大型手术或输血		
Kidney Disease 肾病			Blood Transfusion 输血		
HIV/AIDS 爱滋			Smoke 吸烟		
Hepatitis A/B/C 肝炎			Drink 饮酒		
Liver Disease 肝病			Pregnant 怀孕		
Cancer 癌症			Breastfeeding 哺乳		
Diabetes 糖尿病			Others 其他: ______________		

How do you rate the condition of your teeth?

(您对自己的牙齿状况满意度)

1 2 3 4 5

How do you rate your smile? (您对自己的笑容满意度)

1 2 3 4 5

Are you taking any medication or drugs?

(是否服用任何药物，请列举)

____

Do you have any allergies? (是否有任何过敏，请列举)

____

When was your last dental examination?

(上次口腔检查时间) ____________________

Signature (签名):__________________________ **Date** (日期):______/______/______

Parent/ Caregiver Name (家长/监护人姓名): ____________________________

Parent/ Caregiver Signature (家长/监护人姓名): ____________________________