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**Demographic**

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| **First Name 名** | **Emergency Contact 緊急聯絡人** |
| **Last Name姓** | Name 名 |
| **Date of Birth 生日** | Relationship關係 |
|  | Phone:電話 |
| **Gender性別:**   **Female女**  **Male男** | **Health Insurance保險** |
| **Preferred language習慣的語言** | **Primary** Health Plan保險號碼  policy number Group# |
| **Email電郵** | Address保險地址 |
| **Home phone電話** | **Secondary** Health Plan補助保險號碼  policy number Group# |
| **Mobile phone手機** | Address補助保險地址 |
| Notification Preference  **Phone**  **text**  **Email最方便的聯絡方式** | Subscriber  **Self**  **Spouse**  **Parent保險購買人** |

**EHR**

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| **藥物過敏Drug Allergy**:  **Unknown沒有**  **List allergies and reactions \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **病例Medical Conditions (list any heart conditions, diabetes, any significant health issues)**  **None沒有前例**  **使用藥物Medication**  **None沒有**  **手術病例Procedures**: (List any surgery, colonoscopy, Endoscopy, heart Stent, Pace maker, etc, and the date procedure is one)  **None 沒有前例** |

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| **家庭健康史Family History (any cancer, heart disease, how they relate to you)**   1. Mother母親 2. Father父親 3. Other Significant Family History其他親戚   **一般健康習慣Social History**:  **Smoker抽菸**  **Non-smoker不吸菸**  **Drinks Alcohol經常喝酒**  **Social Drinker不是常喝酒**  **Non-Drinker不喝酒**  **recreational drug use有使用麻藥**  **no recreational drug use沒有使用麻藥**  **Exercise ½ hour a day每天運動半小時**  **Exercise some days有時運動**  **No exercise 不運動**  **您的藥房名字 \_\_\_\_\_\_\_\_\_\_\_ 藥房地址 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_市\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 藥房電話 (\_\_\_\_\_)\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_** |