**Shawn H. Hamilton, M.D., Inc.**

4902 Irvine Center DR. Suite 105, Irvine, CA 92604

Phone: 949-651-9671, fax: 949-653-0556, Website: shawnhamiltonmd.com

**Demographic**

|  |  |
| --- | --- |
| **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**

|  |
| --- |
| **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** |

|  |
| --- |
| **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 (\_\_\_\_\_)\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_** |