



Pearl W. Yee, M.D. Inc.

Obstetrics • Gynecology • Medical Aesthetics • Menopause • Prevention of Hereditary Cancer
Minimally Invasive and Robotic Gynecological Surgery

余珍珠醫生診所

每年婦女醫學表 ANNUAL UPDATE FORM

姓名NAME: _____ 日期 DATE: ____/____/____

出生日期DATE OF BIRTH: ____/____/____ 年齡AGE: _____ 身高HEIGHT: _____

地址Address: _____

家庭電話Home#: _____ 手機電話Cell#: _____ 工作電話Work#: _____

電子郵件 E-mail: _____

When was the first day of your last menstrual period or year of menopause? _____

最後一次月經或停經日期?

Since your last visit, have you have changes to the following below?

從您上次就診以來, 是否有以下任何更改?

過敏 Allergies: _____

藥物(藥名和劑量) Medications (type and dosages): _____

婦科問題 Gyn Issues (infections, pregnancies, etc): _____

醫療問題/外科手術/住院 Medical Problems/Surgeries/
Hospitalizations: _____

家庭病歷史 Family History: _____

新的交誼歷史 New Social History, Life Events, Interests: _____

Do you currently smoke, drink alcohol or use drugs? (If yes, how much and how often?)

您現在抽煙嗎? 喝酒嗎? 軟性藥物? (請列明分量, 次數?) No 沒有 Yes 有

有其他問題要詢問醫生嗎? Is there anything you want to talk to your physician about?

Have you been recently hurt or threatened emotionally or physically? 沒有 No 有 Yes

有沒有人威脅要傷害您?

Has anyone, including your partner, recently forced you to have sex? 沒有 No 有 Yes

有沒有人, 包括您的伴侶, 強迫與您發生性行為?

Are you afraid of your partner? 沒有 No 有 Yes

您怕您的伴侶嗎?

姓名 NAME: _____ 出生日期 DATE OF BIRTH: _____ / _____ / _____

復習系統 Review of Systems

如有以下症狀,請符號(√)和註釋 Please make Notes if you check symptoms:

1. Constitutional 一般性		Notes 註釋	7. Genitourinary 生殖泌尿		Notes 註釋
Fever 發燒			Blood in urine 血尿		
Chills 發冷			Pain with urination 小便痛		
Fatigue 疲勞			Urgency 緊急		
Weight loss 體重減輕			Urinary Frequency 頻尿		
Weight gain 體重增加			Urinary Incontinence 小便失禁		
2. Eyes 眼睛			Abnormal bleeding 不正常出血		
Change in vision 視力變化			Vaginal discharge/odor 陰道排出物/氣味		
Double vision 雙重視力			Vaginal itching/burning 陰道癢/痛		
3. ENT/Mouth 耳鼻喉			Pelvic pain 骨盆痛		
Ear aches 耳痛			Menstrual cramps 月經痛		
Ringing in the ears 耳鳴		Painful intercourse 性交痛			
Sinus problems 靜脈竇管問題		Genital lump 生殖瘤			
Sore throat 喉嚨痛		Fertility concerns 受孕問題			
Mouth sores 口腔瘡		Menopausal concerns 更年期問題			
Dry Mouth 口乾		8. Musculoskeletal 肌肉			
4. Cardiovascular 心臟		Muscle weakness 肌肉無力			
Chest pain 胸口痛		Joint stiffness 關節僵硬			
Difficulty breathing on exertion 呼吸問題		Joint pain 關節痛			
Swelling of legs 腿腫		Joint swelling 關節腫			
Palpitations 心悸		9. Skin/Breast 皮膚/乳部			
Heart Murmurs 心臟雜音		Breast pain 乳部痛			
5. Respiratory 呼吸		Nipple discharge 乳頭排出物			
Wheezing 喘息		Breast lumps 乳部瘤			
Spitting up blood 吐血		Rash 皮疹			
Shortness of breath 呼吸困難		Ulcers 潰瘍			
Cough 咳嗽		10. Psychiatric 精神病學			
6. Gastrointestinal 腸胃		Depression 抑鬱			
Diarrhea 腹瀉		Mood swings 情緒波動			
Constipation 便秘		Anxiety 憂慮			
Nausea/vomiting 噁心/嘔吐		Suicidal thoughts 自殺心理			
Bloody stool 便血		Homicidal thoughts 殺人心理			
Abdominal pain 肚子痛		11. Endocrine 內分泌			
Indigestion 消化不良		Abnormal thirst 不正常口渴			
Bloating 脹氣		Hot flashes 發熱			
Liver problem/Hepatitis 肝病/肝炎		Tremors 發抖			

姓名 NAME: _____ 出生日期 DATE OF BIRTH: ____/____/____

Cold/heat intolerance 受不了冷/熱		Notes 註釋	13. Had blood transfusion? 輸血		Notes 註釋
12. Hematologic 血液/淋巴			14. Any antibiotics needed before dental work? 見牙科醫生前需服用抗生素嗎?		
Frequent bruising 容易瘀傷			15. How tall are you? 身高		
Cuts do not stop bleeding 不容易停止流血					
Enlarged lymph nodes 淋巴結腫大					

Please bring the above to the attention of your Primary Care Physician if not addressed today.
請提述以上的症狀給您的家庭醫生跟進。