

TCM Intake Form 患者就医申请表 @ Dr. ZHANG_Identitat Global_NL

TCM is a process including systematic diagnosis and treatment.

This form is an intake form for [Dr. ZHANG](#) to get the first impression about your (patient) complaints.

Please serious and patient to finish the form.

The more details you can describe, the more you can help Dr.ZHANG to figure out the cause of your disease and make the correct diagnosis and suitable treatment plan.

中医是一个系统的诊断和治疗的过程。

此表格由[张医师](#)提供，做为了解您做为病人病症的初步记录。

请您认真、耐心地填写表格。

您填写得越详细，越能帮助张医生找出你的病因，做出诊断，制定合理的治疗方案。

* Indicates required question

1. Full Name 姓名: *

2. Home Address 家庭地址: *

Please include country: 请同时注明国家

3. Your Telephone number 联系电话 *

4. Gender 性别: *

Mark only one oval.

Female 女

Male 男

Other: _____

5. Your height and weight ? *

Has your weight recently been reduced or increased? or stable? How much of change and in how long period it has changed?

您的身高和体重的具体数字?

您最近的体重减轻或增加了吗? 还是稳定? 在多长时间内有变化?

6. Profession 职业: *

7. Age 年龄: *

8. Please describe your major complaints, including your symptoms, starting time, *
the medication history, and the severity of complaints.

请描述您的主要症状，包括病症开始和持续时间，以及药物治疗历史，和病患程度。

9. Do you usually feel cold or hot? *
Do you favor to drink hot/warm or cold?

您经常觉得冷还是热?
您喜欢喝热的还是冷的?

10. Please check to what extent your hands feel cold or warm. *
请检查您的手感觉冷或热的程度。

Mark only one oval.

1 2 3 4 5
very very warm 非常热

11. Please check to what extent your feet feel cold or warm. *
请检查您的脚感觉冷或热的程度。

Mark only one oval.

1 2 3 4 5
very very warm 非常热

12. Please recall whether you are **afraid of coldness** or **warmness**? *

请回忆一下，你怕冷还是怕热?

Check all that apply.

- afraid of coldness 怕冷
 afraid of hotness/warmness 怕热
 no idea 不知道

13. Do you **often** get very easy to sweat? *

Please describe **on which part of your body** and **in what time period** do you often sweat?

您经常容易出汗吗?
请描述您的出汗部位和出汗时间段。

14. Do you often suffer pain in your body or/and head? If so, please describe how often and under what circumstances the pain happens, on which part of the body, and what type of pain. *

您是否经常感到身体或/和头部疼痛？如果是，请描述疼痛发生的频率和发生前提情况、头身的哪个部位疼痛以及疼痛的类型？

15. Have you suffered from being exhausted, tired, dizzy, less of energy etc. ? If so, please describe in detail. *

Would you describe yourself as a person who suffers from moody, unmotivated, tiredness, particularly in the morning, and impaired sleep (including broken sleep, unable to fall asleep, insomnia, and too many dreams in sleep)? If so, please describe in detail your symptoms.

From what time till what time are you usually awake (not able to fall asleep (again) in the night?

How long have you suffered from the symptoms above?

您是否出现过精疲力尽、疲倦、头晕、精神不振等症状？如果是，请详细描述。

你会形容自己是一个情绪低落、没有动力、疲倦（尤其是在早上）和睡眠受损（包括睡眠中断、无法入睡、失眠和睡眠中多梦）的人吗？如果是，请详细描述您的症状。

您通常从几点到几点醒着（晚上无法（再次）入睡？

您出现上述症状多久了？

16. a) Please describe the situation of your bowel movement? how many times per day? *

b) Is the faeces hard or soft ? please refer to the chart below.

c) Was it difficult to faecet?

d) What is the color of the faeces?

a) 请描述一下您排便的情况？ 每天多少次？

b) 粪便的硬度或软度？ 请对照下图回答。

c) 感觉很难排便？

d) 粪便的颜色？

Stool Chart 大便软硬程度对照图



Type 1 Separate hard lumps



Type 2 Lumpy and sausage like



Type 3 A sausage shape with cracks in the surface



Type 4 Like a smooth, soft sausage or snake



Type 5 Soft blobs with clear-cut edges



Type 6 Mushy consistency with ragged edges



Type 7 Liquid consistency with no solid pieces

17. a) Please recall how often / how many times do you pee per day? *

b) Did you feel pain or difficulties to pee?

c) Is there foam in the urine?

d) How is the volume of the urine?

e) Please describe the color of the urine (refer to the chart).

a) 请回忆一下您每天小便的频率/多少次?

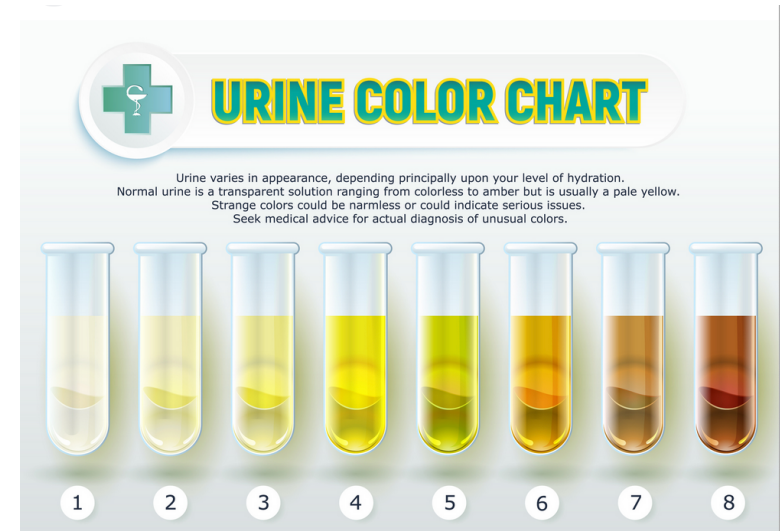
b) 您是否感到疼痛或排尿困难?

c) 尿液中有泡沫吗?

d) 尿量如何?

e) 请描述尿液的颜色 (对照图)

尿液颜色对照图



18. a) Please describe your appetite and your routine diet. What do you usually eat * and drink on each meal?
- b) Do you like to eat cold food or warm food? Do you feel sick before and during eating?
- c) What kind of food is your favourite? meat ? vegetable? or other?
- d) Do you often sense bitterness in your mouth?
- e) Do you feel fullness after eating ?
- f) Do you have stomach acid reflux?
- g) Do you have stomachache often? when does it usually happen? before or after meal? Please describe the type of pain? and how do you usually deal with the pain.
- h) Do you eat more or less than peers?
- i) Did you often vomit during or after eating?
- a) 请描述您的食欲和日常饮食。你通常每餐都吃什么？你吃饭时喝什么？
- b) 你喜欢吃冷的还是热的？你吃饭时有没有觉得恶心？
- c) 你最喜欢哪种食物？肉类？蔬菜？或其他？
- d) 你是否经常感到口中有苦味？
- e) 吃完后有饱腹感吗？
- f) 你有胃酸反流吗？
- g) 你经常胃疼吗？通常什么时候发生？饭前还是饭后？请描述疼痛的类型？以及您通常如何处理疼痛。
- h) 你比大部分人吃得更多还是吃的少？

- i) 你是否经常在进食期间或者进食后呕吐？

19. Please recall if you have any of the following symptoms and how often they have occurred. *
- 1) chest tightness,
 - 2) heart palpitations,
 - 3) rib area pain,
 - 4) gas, often fart
 - 5) Bloating etc.

请回忆一下您是否有以下症状，以及出现的频率。

- 1) 胸部紧迫感,
- 2) 心悸心慌,
- 3) 肋部胀痛,
- 4) 胀气, 经常放屁
- 5) 腹胀等 症状。

20. Do you have tinnitus, hearing loss or other hearing problems? *

Do you have sore waist and knees, and /or frequent urination at night?

Do you suffer from dry eyes and blurred vision?

您平时有没有耳鸣、听力下降等问题?

有没有腰膝酸软、夜尿频且清长的情况?

您有没有眼睛干涩, 视力模糊的情况?

21. How often do you drink water? how many liter(s) of water per day? *

Do you feel thirsty?

Do you like to drink cold or warm / hot water?

你多久喝一次水? 每天多少水?

你经常觉得口渴吗?

你喜欢喝冷水还是温/热水?

22. If you are a female, please describe your menstruation situation.

How regular do you have menstruation?

What is the color of your menstruation bleed?

How long does each menstruation bleeding last?

How much volume per menstruation?

Is it usually heavy bleeding or light bleeding?

Do you have painful menstruation?

Do you have blood clots in your menstruation bleeding?

Do you take birth control pills ?

If you have gone through meno-pause, please describe if you had suffered any female issues, on what age you had menopause, and what kind of menopause issues have you suffered.

如果您是女性, 请描述您的月经情况。

你的月经有多规律?

你的出血是什么颜色的?

每次月经持续多长时间?

每次月经量多少?

通常是大量出血还是少量出血?

你有痛经吗?

你的月经出血有血块吗?

你服用避孕药吗?

如果您经历过更年期, 请描述您是否遇到过任何女性问题, 您在什么年龄出现过更年期, 以及您遇到过哪种更年期问题。

23. Do you have any allergy? How do you usually deal with your allergy? *
您有任何过敏史吗? 您如何应对您的过敏?

24. Is there a family history of the disease you suffered? Are you allergic to any medicines? *

有家族病史吗? 有过敏的药物吗?

25. Please describe below if you have any other questions and health issues.

如果您有任何其他健康问题, 请在下面描述。

26. In order to make a correct diagnosis, Dr. Zhang requests you please use a good camera (such as a smart phone camera, without any editing) to take pictures as below: *

**Patient self with natural position,
Patient's tongue,
The part underneth the tongue.**

Please face to the natural light to take photos.

**Please send your photos to Dr. Zhang. to this email address:
tcm@identitat.global**

Please indicate the patient's name and date of pictures being taken.

Please indicate below on what day and time your email being sent out.

IF you are a diabetes patient, please also send the pictures of your heel.

为了做出正确的诊断, 张医生请您使用好的相机 (如智能手机相机, 不做任何修图) 拍照:

患者自然站立的全身照, 患者的舌头照片, 患者舌头抬起来舌头下部的照片。

请面向自然光拍照。

请将您的照片发送给张博士。发送至此电子邮件地址: tcm@identitat.global
请注明患者姓名和照片拍摄日期。

请在下面注明您的电子邮件发送的日期和时间。

如果您是糖尿病患者, 请同时发送您脚后跟的照片。

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