

请填写好此表格以便我们能帮助你

Please Complete This Form So We Can Help You

请随身携带此表, 医务人员会很快查看此表。

Keep this paper with you. A staff person will look at your paper soon.

患者姓名 _____

Patient's name

女
Male

年龄 _____
Age

体重 _____ 公斤/磅
Weight kilograms/pounds

男
Female

谁在填写此表?

- 我, 患者
- 患者的家人或朋友
- 一位患者的翻译

Who is filling out this form?

- Me, the patient
- Patient's family member or friend
- An interpreter for the patient

你为何在此?

- 我生病或因灾受伤
- 我生病或非因灾受伤
- 我在此帮助或找寻一位家人

Why are you here?

- I am ill or injured because of a disaster
- I am ill or injured but not because of a disaster
- I am here to help or look for a family member

你是否怀孕?

- 是
- 我是临产
- 不是
- 我不确定

Are you pregnant?

- Yes
- I am in labor
- No
- I am not sure

过去两个月里, 您是否到国外旅行过?

- 是
- 不是

如果是, 去了哪个国家?

Have you traveled outside the country in the past 2 months?

- Yes
- No

If yes, to what country?

你现在有何问题？

请标所有适合项。

- 我现在呼吸困难
- 我现在胸部疼痛、有压力或不舒服
- 我现在正出血
- 我头痛得厉害
- 我觉得晕眩或头昏眼花
- 我现在看不清
- 我听不到
- 我骨折了
- 我的皮肤灼痛
- 我有皮疹、肿胀或发红
- 我麻木或有麻刺感
- 我有恶心、呕吐或腹泻
- 我流鼻涕、咳嗽或发烧

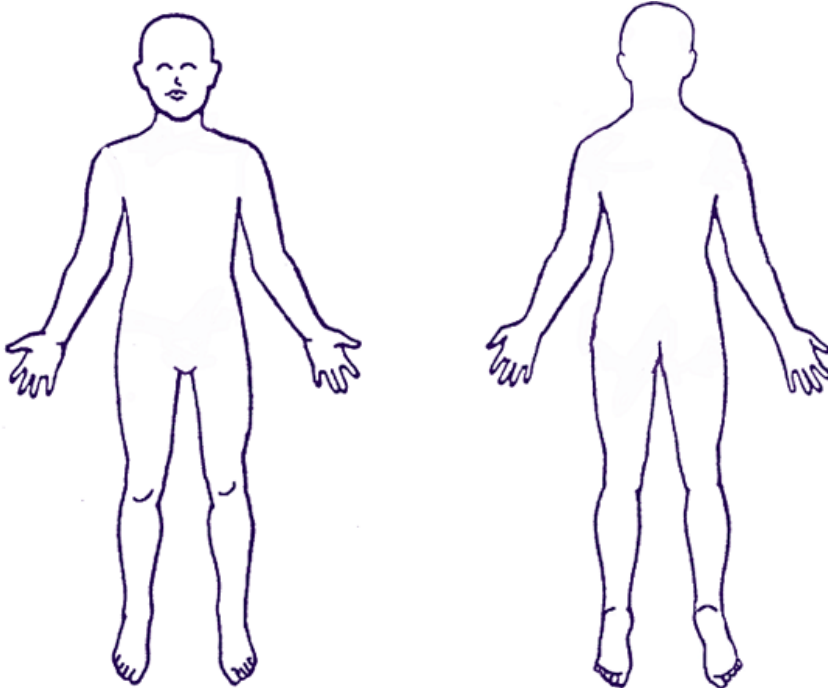
What problem are you having?

Mark all that apply.

- I am having trouble breathing
- I am having chest pain, pressure or discomfort
- I am bleeding
- I have a severe headache
- I feel dizzy or lightheaded
- I am having problems seeing
- I cannot hear
- I have a broken bone
- My skin is burning
- I have a skin rash, swelling or redness
- I feel numbness or tingling
- I have nausea, vomiting or diarrhea
- I have a runny nose, cough or a fever

请在此体图上标出你哪里觉得痛。

Mark on these figures where you feel pain.



标出你现有或曾有过的任何疾病或状况。

- 哮喘
- 糖尿病
- 心脏病
- 肝炎
- 高血压
- 由于艾滋病、癌症或其他原因引起的免疫抑制
- 中风

标出你正服用的任何药物。

- 救心药
- 抗血压药
- 稀血剂, 如Coumadin
- 助呼吸药
- 胰岛素
- 其他柜台即买药, 如抗酸剂、泻药或止痛药

标出你有的任何过敏反应。

- 乳制品, 如蛋或奶
- 海鲜
- 染料或碘
- 阿斯匹林
- 青霉素
- 吗啡
- 磺胺药
- 乳胶
- 其他 _____

Mark any diseases or conditions you have or have had in the past.

Asthma
 Diabetes
 Heart disease
 Hepatitis
 High blood pressure
 Immunosuppression from HIV, cancer or other reason
 Stroke

Mark any medicines you are taking.

Heart medicines
 Blood pressure medicines
 Blood thinners such as Coumadin
 Breathing medicines
 Insulin
 Other over the counter medicines such as antacids, laxatives or pain medicines

Mark any allergies you have.

Dairy products such as eggs or milk
 Seafood
 Dye or iodine
 Aspirin
 Penicillin
 Morphine
 Sulfa
 Latex
 Other _____