**姓名: 學號: 系別:**

**【Admission Note】**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | 病歷號碼 |  | 床號 |  | 性別 |  | 出生日期 |  |

***入院日期***：

***一般資料：(General Data)***

職業：

種族：

婚姻：

主要照顧者：

職業病史：

資料來源：

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***主訴：(Chief Complaint)***

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***現在病症：(Present Illness)***

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***過去病史：(Past History)***

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***個人病史：(Personal History)***

Allergy：

Smoking：

Alcohol：

Betalnut：

旅遊史： 接觸史： 群聚：

\*\*本院現狀用藥：

\*\*非本院用藥：

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***家族史：(Family History)***

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***系統整理：(Review of System)***  
**1. 【General】**

weakness: , fatigue: , anorexia: , fever: , insomnia:

**2. 【Integument (skin, hair and nails) 】**

changes in color: , pruritus: , rash: , hair loss:

**3. 【HEENT】**

a. Head - headache: , dizziness: , vertigo:

b. Eyes - visual acuity: , color vision: , corrective lenses: ,photophobia: , diplopia: , pain:

c. Ears - pain: , discharge: , hearing loss: , tinnitus:

d. Nose - epistaxis: , discharge: , stuffiness: , sense of smell:

e. Throat - status of teeth: , gums: , dentures: , taste: ,soreness: , hoarseness: , lump:

**4. 【Respiratory System】**

cough: , sputum: , hemoptysis: , wheezing: ,dyspnea:

**5. 【Cardiovascular System】**

edema: , chest distress: , chest pain: , palpitation:

intermittent claudication: , cold limbs: , cyanosis:

**6. 【Gastrointestinal System】**

dysphagia: , nausea: , vomiting: , abdominal distress/pain:

change in bowel habit: , hematemesis: , melena: , bloody stool:

**7. 【Genito-Urinary System】**

urinary frequency: , hesitancy: , urgency: , dribbling: ,incontinence:

dysuria: , hematuria: , nocturia: , polyuria: ,impotence:

**8.【Metabolic and endocrine】**

growth: , development: , weight change: , heat/cold intolerance:

nervousness: ,sweating: ,polydipsia:

**9.【Hematotologic】**

anemia: , easy brusity or bleeding: ,lymphadenopathy: , transfusions:

**10.【Neuropsychiatry】**

dizziness: , syncope: , seizure: , speech disturbance: , loss of sensation:

paresthesia: , ataxia: , weakness or paralysis: , tremor: , anxiety:

**11.【Musculoskeletal】**

joint pain: , stiffness: , limitation of motion: ,muscular weakenss: , muscle wasting:

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***理學檢查：(Physical Examination)***

**BP： /mmHg P： /min R： /min T： oC 身高： cm 體重： kg BMI：**

**疼痛評估：**

**【General Appearance】**

**【Consciousness】**

**【HEENT】**

**【Neck】**

**【Chest】**

**【Heart】**

**【Abdomen】**

**【Back】**

**【Extremities】**

**【Skin】**

**【Neurologic examination】**

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***實驗室檢查：(Laboratory Findings)***

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***臨床臆斷：(Impression)***

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***處理計畫：(Plan)***

***Diagnostic***：

***Therapeutic***：

***Patient Education***：