

Please complete this form and then return to the receptionist.

- Please PRINT -

请完整填写下列表格内容并将此表交还于我们的接待人员
- 请用正楷清晰填写 -

Date 日期: Patient #:病例号:

Last Name 姓: First and Middle Name 名:

Age 年龄: Date of Birth 出生年月: Male 男 Female 女

Is your visit to our clinic today for care resulting from an auto accident or workers compensation injury?
您今天来此门诊的原因是由于遭受车祸伤害或是由于工作受伤吗? Yes 是 No 否

Home Address 家庭住址:

City 城市: State 省(市): Zip Code 邮编:

Telephone 电话: Home 座机: Work 工作电话: Mobile 移动电话:

Social Security # 社会保险号码: Email 电子邮件:

Occupation 职业: Employer 公司名称:

Work Address 工作地址:

City 城市: State 省(市): Zip code 邮编:

Marital Status 婚姻状况: Single 单身 Married 已婚 Divorced 离异 Widowed 丧偶

Spouse's Name 配偶姓名: Number of Children 子女: Ages 年龄:

Phone Number 电话:

Emergency Contact Person 紧急联系人: Phone Number 电话:

Have you received chiropractic care in the past? Yes 是 No 否 When? 于何时?

If yes, please give name of the Chiropractor: 如果是, 请提供脊骨神经矫正医师姓名:

Please describe the reason for previous care: 请描述之前接受矫正的原因:

Name of your Medical Doctor 西医的名字:

List the name of your health insurance company: 健康保险公司的名字:

Policy number is: 保险单号码是:

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_ File: \_\_\_\_\_

**Reason(s) for seeking chiropractic care starting with the most severe:**

**列举需要脊骨神经矫正治疗的原因, 请从最严重的问题开始:**

Chief Complaint 健康问题及相关	Approximate Date Started 大概开始日期
1. _____	_____
2. _____	_____
3. _____	_____

**Areas of injury or discomfort:**

**损伤区域/不适区域:**

On the following chart please mark area(s) of injury or discomfort (see example). Mark all areas with the appropriate symbols and indicate the degree of pain on a scale from 1 (discomfort) to 10 (extreme pain).

请在下列图表中标明您的损伤区域或者不适区域 (参见示例) 并在所有表示区域中标明相应痛感与等级 1 (略微不适) 到 10 (极度疼痛)

**Example**

参见示例

NNNN Numbness  
麻木

PPPP Pins & Needles  
针刺感疼痛

BBBB Burning  
灼热感

AAAA Aching  
酸、胀痛

SSSS Stabbing  
刺痛

Circle any area of pain not represented by a symbol.  
请在右图圈出疼痛区域, 并标痛感和程度 (1-10)

Right 右侧      Front 右 正面 左      Back 左 背面 右      Left 左侧

**Please indicate any medications you are currently taking:**

**请提供近期任何相关用药史:**

- |                                                 |                                                                        |                                             |
|-------------------------------------------------|------------------------------------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Blood pressure 高血压     | <input type="checkbox"/> Steroids 类固醇                                  | <input type="checkbox"/> Insulin 胰岛素        |
| <input type="checkbox"/> Muscle relaxants 肌肉松弛剂 | <input type="checkbox"/> Birth control pills 避孕药                       | <input type="checkbox"/> Antibiotics 抗生素    |
| <input type="checkbox"/> Stimulants 神经药物        | <input type="checkbox"/> Stimulants 兴奋剂                                | <input type="checkbox"/> Sleeping Pills 安眠药 |
| <input type="checkbox"/> Blood thinners 血液稀释剂   | <input type="checkbox"/> Pain killers (including Aspirin) 止痛剂 (包括阿司匹林) |                                             |

Others 其它: \_\_\_\_\_

Name of nutritional supplements and/or dietary aids:

营养/膳食补充剂名称: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_ File: \_\_\_\_\_

**Review of Systems, Please check any condition you have had in the past or have now:**

**系统评价 若你过去或者现在有以下状况, 请在方框内打勾:**

Now 现在	Past 过去		Now 现在	Past 过去		Now 现在	Past 过去	
<input type="checkbox"/>	<input type="checkbox"/>	Back Pain 背部疼痛	<input type="checkbox"/>	<input type="checkbox"/>	Chest Pain 胸部疼痛	<input type="checkbox"/>	<input type="checkbox"/>	Difficulty Urinating 泌尿困难
<input type="checkbox"/>	<input type="checkbox"/>	Neck Pain 颈部疼痛	<input type="checkbox"/>	<input type="checkbox"/>	Poor Circulation 循环不畅	<input type="checkbox"/>	<input type="checkbox"/>	High BP 高血压
<input type="checkbox"/>	<input type="checkbox"/>	Shoulder/Arm Pain 肩/手臂疼痛	<input type="checkbox"/>	<input type="checkbox"/>	Skin Problems 皮肤问题	<input type="checkbox"/>	<input type="checkbox"/>	Arrhythmia 心律不齐
<input type="checkbox"/>	<input type="checkbox"/>	Hip/Leg Pain 髋部/腿部疼痛	<input type="checkbox"/>	<input type="checkbox"/>	Colon Trouble 肠道	<input type="checkbox"/>	<input type="checkbox"/>	Frequent Infections 经常感染
<input type="checkbox"/>	<input type="checkbox"/>	Sciatica 坐骨神经痛	<input type="checkbox"/>	<input type="checkbox"/>	Stomach Trouble 胃	<input type="checkbox"/>	<input type="checkbox"/>	Difficulty Breathing 呼吸困难
<input type="checkbox"/>	<input type="checkbox"/>	Arthritis 关节炎	<input type="checkbox"/>	<input type="checkbox"/>	Kidney Problems 肾脏	<input type="checkbox"/>	<input type="checkbox"/>	Liver Trouble 肝脏
<input type="checkbox"/>	<input type="checkbox"/>	Asthma 哮喘	<input type="checkbox"/>	<input type="checkbox"/>	Easy Bruising 易青肿	<input type="checkbox"/>	<input type="checkbox"/>	Pregnancy 女性: 怀孕
<input type="checkbox"/>	<input type="checkbox"/>	Prostate Problems 男性: 前列腺				<input type="checkbox"/>	<input type="checkbox"/>	Menstrual Problems 月经问题
<input type="checkbox"/>	<input type="checkbox"/>	None of the above 无以上症状	<input type="checkbox"/>	<input type="checkbox"/>	None of the above 无以上症状	<input type="checkbox"/>	<input type="checkbox"/>	None of the Above 无以上症状

**Have you ever: 你是否曾经**

**Comments: 评价:**

Had any accidents, falls, traumas, or injuries:

遭受过意外事故、跌伤、损伤或伤害:  Yes 是  No 否 \_\_\_\_\_

Been hospitalized 入院治疗:  Yes 是  No 否 \_\_\_\_\_

Had a broken bone 骨折历史:  Yes 是  No 否 \_\_\_\_\_

Had surgery 外科手术:  Yes 是  No 否 \_\_\_\_\_

Been treated for an emotional disorder  
因为情绪障碍接受治疗:  Yes 是  No 否 \_\_\_\_\_

Been bedridden for more than a week  
卧床一周以上:  Yes 是  No 否 \_\_\_\_\_

**Health/Risk Factors: 健康/危险因素:**

**Comments: 评价:**

Do you smoke? 您吸烟吗?  Yes 是  No 否 If yes  Occasional  Light  Medium  Heavy

Do you drink alcohol? 您喝酒吗?  Yes 是  No 否 If yes  Once/Week  2-5 Times/Week  Daily

Do you have a healthy diet?  
您的饮食合理吗?  Yes 是  No 否 \_\_\_\_\_

Do you exercise regularly?  
您经常锻炼吗?  Yes 是  No 否 If yes  Occasional  3-5 Times/Week  Daily

Do you sleep well? 你的睡眠好吗?  Yes 是  No 否 \_\_\_\_\_

Is your job stressful?  
您的工作压力大吗?  Yes 是  No 否 \_\_\_\_\_

Do you drink caffeine? 你喝咖啡或茶吗?  Yes 是  No 否 If yes  Occasional  Daily

What is your dominate hand?  
你是用哪个手写字?  Right 右手  Left 左手  Both 两个手都可以

Can you think of any other habit or activity that has a positive or negative effect on your health?

您还能想到一些对您的健康有益或者有害的生活习惯吗?  Yes 是  No 否 \_\_\_\_\_

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_ File: \_\_\_\_\_

## Informed Consent for Chiropractic Care

When a patient seeks chiropractic health care and we accept a patient for such care, it is essential for both to be working for the same objective. It is important that each patient understand both the objective and the method that will be used to attain it. This will prevent any confusion or disappointment. You have the right, as a patient, to be informed about the condition of your health and the recommended care and treatment to be provided so that you may make the decision whether or not to undergo chiropractic care after being advised of the known benefits, risks and alternatives.

Chiropractic is a science and art which concerns itself with the relationship between structure (primarily the spine) and function (primarily the nervous system) as that relationship may effect the restoration and preservation of health. Health is a state of optimal physical, mental and social well-being, not merely the absence of disease or infirmity.

One disturbance to the nervous system is called a vertebral subluxation. This occurs when one or more of the 24 vertebrae in the spinal column become misaligned and/or do not move properly. This causes alteration of nerve function and interference to the nervous system. This may result in pain and dysfunction or may be entirely asymptomatic.

Subluxations are corrected and/or reduced by an adjustment. An adjustment is the specific application of forces to correct and/or reduce vertebral subluxation. Our chiropractic method of correction is by specific adjustments of the spine. Adjustments are usually done by hand but may be performed by handheld instruments. In addition, ancillary procedures such as physiotherapy and/or rehabilitative procedures may be included.

If during the course of care we encounter non-chiropractic or unusual findings, we will advise you of those findings and recommend that you seek the services of another health care provider.

All questions regarding the doctor's objective pertaining to my care in this office have been answered to my complete satisfaction. The benefits, risks and alternatives of chiropractic care have been explained to me to my satisfaction. I have read and fully understand the above statements and therefore accept chiropractic care on this basis.

\_\_\_\_\_  
Print Name / 姓名 (写正楷)

\_\_\_\_\_  
Signature / 签名

\_\_\_\_\_  
Date / 日期

### Consent to evaluate and adjust a minor child:

I, \_\_\_\_\_ being the parent or legal guardian of \_\_\_\_\_ have read and fully understand the above Informed Consent and hereby grant permission for my child to receive chiropractic care.

### Pregnancy Release:

This is to certify that to the best of my knowledge I am not pregnant and the above doctor and his/her associates have my permission to perform an x-ray evaluation. I have been advised that x-ray can be hazardous to an unborn child.

Date of last menstrual cycle: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# HealthTrac Family Wellness, Inc

*On Track to Great Health*

## Consent For Purposes of Treatment, Payment, and Healthcare Operations

I consent to the use or disclosure of my protected health information by **HealthTrac Family Wellness** (also HTFW) for the purpose of diagnosing or providing treatment to me, obtaining payment for my healthcare bills or to conduct healthcare operations of **HTFW**. I understand that diagnosis or treatment of me by **Dr. George Hui, D.C.** may be conditioned upon my consent as evidenced by my signature on this document.

I understand I have the right to request a restriction as to how my protected health information is used or disclosed to carry out treatment, payment, or healthcare operations of the practice. **HealthTrac Family Wellness** is not required to agree to the restrictions that I may request. However, if **HTFW** agrees to a restriction that I request, the restriction is binding on **HTFW** and **Dr. George Hui, D.C.**

I have the right to revoke this consent, in writing, at any time, except to the extent that **Dr. George Hui, D.C.** or **HTFW** has taken action in reliance on this consent.

My "protected health information" means health information, including my demographic information, collected from me and created or received by my physician, another healthcare provider, a health plan, my employer or a healthcare clearinghouse. This protected health information relates to my past, present, or future physical or mental health or condition and identifies me, or there is a reasonable basis to believe the information may identify me.

I understand I have a right to review **HTFW's** Notice of Privacy Practices prior to signing this document. The **HTFW's** Notice of Privacy Practices has been provided to me. The Notice of Privacy Practice describes the types of uses and disclosures of my protected health information that will occur in my treatment, payment of my bills or in the performance of healthcare operations of **HTFW**. This Notice of Privacy Practice also describes my rights and **HTFW's** duties with respect to my protected health information.

**HealthTrac Family Wellness** reserves the right to change the privacy practices that are described in the Notice of Privacy Practices. I may obtain a revised notice of privacy practice by calling the office and requesting a revised copy be sent in the mail or asking for one at the time of my next appointment.

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Signature of Patient or PR/ Date

病人签名      日期

---

Please Print Name of Patient or PR

姓名 (用正楷写名字)

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Description of Personal Representative's Authority

# HealthTrac Family Wellness, Inc.

## Authorization for Use or Disclosure of Information for Purposes Requested by Chiropractor

In this document, "I" and "my" refer to the patient,  
and "Chiropractor" refers to HealthTrac Family Wellness.

I hereby authorize Chiropractor to (check those that apply):

\_\_\_\_\_ use the following protected health information, and/or

\_\_\_\_\_ disclose the following protected health information to the following entity:

Information to be used or disclosed:

Date of service: \_\_\_\_\_

Type of service: \_\_\_\_\_

Level of detail to be released: \_\_\_\_\_

Origin of information: \_\_\_\_\_

This protected health information is being used or disclosed for the following purposes:

This authorization shall be in force and effect until \_\_\_\_\_,  
at which time this authorization to use or disclose this protected health information expires.

I understand that I have the right to revoke this authorization, in writing, at any time by sending such written notification to the Privacy Officer of the Chiropractor, at 4720 Peachtree Industrial Blvd. Suite 104, Norcross, GA 30071. I understand that a revocation is not effective to the extent that Chiropractor has relied on the use or disclosure of the protected health information. I understand that information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and may no longer be protected by federal or state law.

Chiropractor will not condition my treatment, payment, enrollment in a health plan, or eligibility for benefits (if applicable) on whether I provide authorization for the requested use or disclosure.

I understand that I have the right to inspect or copy the protected health information to be used or disclosed as permitted under federal law (or state law to the extent the state law provides greater access rights) and/or to refuse to sign this authorization.

病人/代表人

姓 名

签 名: \_\_\_\_\_

(写正楷): \_\_\_\_\_

Signature of Patient or Personal Representative

Printed Name of Patient

Date of Signing

Description of Personal Representative's Authority

日期: \_\_\_\_\_

## Personal Injury Consultation Form

### 人身傷害諮詢表

Name \_\_\_\_\_ Date \_\_\_\_\_  
姓名: \_\_\_\_\_ 日期: \_\_\_\_\_

Date of Accident \_\_\_\_\_  
事故日期: \_\_\_\_\_

1. At impact did you experience a flash in your head? \_\_\_\_\_ Yes 有  
碰撞的一刻您有否經驗到一度閃光在您腦袋裡? \_\_\_\_\_ No 沒有  
Did you lose consciousness? \_\_\_\_\_ Yes 有  
您有沒有昏迷? \_\_\_\_\_ No 沒有

2. Immediately following the accident how did you feel?  
事故發生後當時感覺怎麼樣?

\_\_\_\_\_

Did you become? (Please circle)

您當時有沒有感覺到? (請圈)

Confused 困惑, Disoriented 迷失方向, Light headed 頭暈眼花, Nauseated 想吐,  
Blurred vision 視力模糊, Ringing/Buzzing in ears 鈴聲 / 嗡嗡聲在耳邊

3. Are you currently experiencing? (Please circle)  
您目前有沒有經驗到? (請圈)

Restlessness 煩躁不安, Irritable 易怒, Difficulty concentrating and remembering  
困難集中精神和記憶, Sleeplessness 失眠, Forgetfulness 健忘, Reduced  
tolerance to heat or cold 降低耐熱或冷

4. Over the next few hours and days, what symptoms did you feel?  
接下來的幾個小時或幾天, 您感覺到什麼症狀?

\_\_\_\_\_

\_\_\_\_\_

5. Please tell us how your accident happened:  
請告訴我們您的事故是怎麼發生的:

\_\_\_\_\_

\_\_\_\_\_

6. Were you wearing a seatbelt? 您是否係了安全帶?

\_\_\_\_\_

7. Was your car moving at impact? \_\_\_\_\_ How fast?  
碰撞時您的車在移動嗎? \_\_\_\_\_ Yes 是 \_\_\_\_\_ No 不是 速度有多快? \_\_\_\_\_

8. Did airbags deploy? \_\_\_\_\_ Which ones?  
安全氣囊展開了嗎? \_\_\_\_\_ Yes 是 \_\_\_\_\_ No 不是 哪個? \_\_\_\_\_

9. Were you the driver? \_\_\_\_\_ If not, where were you sitting?  
你是司機嗎? \_\_\_\_\_ Yes 是 \_\_\_\_\_ No 不是 如果不是, 你坐在哪裡? \_\_\_\_\_

10. Which way was your body facing at impact? \_\_\_\_\_ Straight \_\_\_\_\_ Right \_\_\_\_\_ Left  
碰撞時您的身體是面對哪個方向的? \_\_\_\_\_ 直面 \_\_\_\_\_ 右面 \_\_\_\_\_ 左面

11. Which way was your head facing at impact? \_\_\_\_\_ Straight \_\_\_\_\_ Right \_\_\_\_\_ Left  
碰撞時您的頭部是面對哪個方向的? \_\_\_\_\_ 直面 \_\_\_\_\_ 右面 \_\_\_\_\_ 左面

12. Were you surprised by the impact?  
碰撞有沒有令您驚訝? \_\_\_\_\_ Yes 有 \_\_\_\_\_ No 沒有

13. Does your car have a headrest?  
您的車有沒有頭靠? \_\_\_\_\_ Yes 有 \_\_\_\_\_ No 沒有

14. Had this collision affected your work, hobby, or social activities?  
這次碰撞是否影響了您的工作、愛好或社交活動? 哪個? \_\_\_\_\_

# Neck Disability Index 颈部伤害指数

Patient Name 姓名: \_\_\_\_\_

Date 日期: \_\_\_\_\_

## 1. Pain Intensity 疼痛强度

<input type="checkbox"/> I have no pain at the moment 我现在没有疼痛	+0
<input type="checkbox"/> The pain is very mild at the moment 目前疼痛轻微	+1
<input type="checkbox"/> The pain is moderate at the moment 目前疼痛中等	+2
<input type="checkbox"/> The pain is fairly severe at the moment 目前疼痛比较严重	+3
<input type="checkbox"/> The pain is very severe at the moment 目前疼痛非常严重	+4
<input type="checkbox"/> The pain is the worst imaginable at the moment 目前的疼痛是可以想象的最痛的程度	+5

## 2. Personal Care (Washing, Dressing, etc.) 个人护理 (梳洗, 穿衣等等)

<input type="checkbox"/> I can look after myself normally without causing extra pain 可以正常自理不会造成额外的疼痛	+0
<input type="checkbox"/> I can look after myself normally but it causes extra pain 可以正常自理但会造成额外的疼痛	+1
<input type="checkbox"/> It is painful to look after myself and I am slow and careful 照顾自己时有疼痛, 我会缓慢而小心	+2
<input type="checkbox"/> I need some help but can manage most of my personal care 我需要一些帮助, 但大部分可以自理	+3
<input type="checkbox"/> I need help every day in most aspects of self care 我每天在自理方面大部分都需要帮助	+4
<input type="checkbox"/> I do not get dressed, I wash with difficulty and stay in bed 我无法穿衣服, 洗澡有困难, 并保持卧床	+5

## 3. Lifting 提重

<input type="checkbox"/> I can lift heavy weights without extra pain 我可以提重物而不会感到额外的疼痛	+0
<input type="checkbox"/> I can lift heavy weights but it gives extra pain 我可以提重物, 但会带来额外的疼痛	+1
<input type="checkbox"/> Pain prevents me lifting heavy weights off the floor, but I can manage if they are conveniently placed, for example on a table 疼痛使我无法将重物从地板上抬起, 但如果它们放在方便的位置, 比如在桌子上, 我就可以抬起	+2
<input type="checkbox"/> Pain prevents me from lifting heavy weights but I can manage light to medium weights if they are conveniently positioned 疼痛使我无法提起重物, 但如果它们放在方便的位置, 我可以提起轻到中等的重物	+3
<input type="checkbox"/> I can only lift very light weights 我只能提起很轻的重量	+4
<input type="checkbox"/> I cannot lift or carry anything 我无法举起或携带任何东西	+5

## 4. Reading 阅读

<input type="checkbox"/> I can read as much as I want to with no pain in my neck 我可以想读多少就读多少, 脖子不会感觉到疼痛	+0
<input type="checkbox"/> I can read as much as I want to with slight pain in my neck 我可以随心所欲地阅读, 但颈部会有轻微疼痛	+1
<input type="checkbox"/> I can read as much as I want with moderate pain in my neck 我可以随心所欲地阅读, 但颈部会有中度疼痛	+2
<input type="checkbox"/> I can't read as much as I want because of moderate pain in my neck 由于颈部的中度疼痛, 我无法随心所欲地阅读	+3
<input type="checkbox"/> I can't hardly read at all because of severe pain in my neck 由于颈部的剧烈疼痛, 我几乎无法阅读	+4
<input type="checkbox"/> I cannot read at all 我完全无法阅读	+5

## 5. Headaches 头痛

<input type="checkbox"/> I have no headaches at all 我完全没有头痛	+0
<input type="checkbox"/> I have slight headaches, which come infrequently 我有轻微的头痛, 但痛的次数很少	+1
<input type="checkbox"/> I have moderate headaches, which come infrequently 我有中度头痛, 但痛的次数很少	+2
<input type="checkbox"/> I have moderate headaches, which come frequently 我经常出现中度头痛	+3
<input type="checkbox"/> I have severe headaches, which come frequently 我经常有严重的头痛	+4
<input type="checkbox"/> I have headaches almost all the time 我几乎总是头痛	+5

## 6. Concentration 专注力

<input type="checkbox"/> I can concentrate fully when I want to with no difficulty 当我需要的時候我可以毫無困難地完全集中注意力	+0
<input type="checkbox"/> I can concentrate fully when I want to with slight difficulty 当我需要的時候, 我可以完全集中注意力, 但有一點困難	+1
<input type="checkbox"/> I have a fair degree of difficulty in concentrating when I want to 当我需要集中注意力的時候, 我有相當大的困難	+2
<input type="checkbox"/> I have a lot of difficulty in concentrating when I want to 当我想要集中注意力時, 我很難集中注意力	+3
<input type="checkbox"/> I have a great deal of difficulty in concentrating when I want to 当我想要集中注意力時, 我極度難以集中注意力	+4
<input type="checkbox"/> I cannot concentrate at all 我根本無法集中注意力	+5



## 7. Work 工作

<input type="checkbox"/> I can do as much work as I want to 我可以工作想做多少就多少	+0
<input type="checkbox"/> I can only do my usual work, but no more 我只能做我日常的工作, 但不能做更多的事情	+1
<input type="checkbox"/> I can do most of my usual work, but no more 我可以做大部分日常的工作, 但不能做更多的	+2
<input type="checkbox"/> I can't do my usual work 我無法做我日常的工作	+3
<input type="checkbox"/> I can hardly do any work at all 我幾乎無法做任何工作	+4
<input type="checkbox"/> I can't do any work at all 我根本無法做任何工作	+5

## 8. Driving 駕駛

<input type="checkbox"/> I can drive my car without any neck pain 我可以開車而不會感覺到頸部疼痛	+0
<input type="checkbox"/> I can drive my car as long as I want with slight pain in my neck 我可以隨心所欲地開車, 但頸部會有輕微疼痛	+1
<input type="checkbox"/> I can drive my car as long as I want with moderate pain in my neck 我可以隨心所欲地開車, 但頸部有中度疼痛	+2
<input type="checkbox"/> I can't drive my car as long as I want because of moderate pain in my neck 由於頸部中度疼痛, 我無法隨心所欲地開車	+3
<input type="checkbox"/> I can hardly drive at all because of severe pain in my neck 由於頸部劇烈疼痛, 我幾乎無法開車	+4
<input type="checkbox"/> I can't drive my car at all 我根本無法開車	+5

## 9. Sleeping 睡眠

<input type="checkbox"/> I have no trouble sleeping 我睡覺沒有問題	+0
<input type="checkbox"/> My sleep is slightly disturbed (less than 1 hr sleepless) 我的睡眠受到輕微干擾 (失眠時間少於 1 小時)	+1
<input type="checkbox"/> My sleep is mildly disturbed (1-2 hrs sleepless) 我的睡眠受到輕微干擾 (1-2 小時失眠)	+2
<input type="checkbox"/> My sleep is moderately disturbed (2-3hrs sleepless) 我的睡眠受到中度干擾 (2-3 小時失眠)	+3
<input type="checkbox"/> My sleep is greatly disturbed (3-5 hrs sleepless) 我的睡眠受到很大干擾 (3-5 小時失眠)	+4
<input type="checkbox"/> My sleep is completely disturbed (5-7 hrs sleepless) 我的睡眠完全受到干擾 (5-7 小時失眠)	+5

## 10. Recreation 娛樂

<input type="checkbox"/> I am able to engage in all recreational activities with no neck pain at all 我能夠參加所有娛樂活動, 頸部完全不會疼痛	+0
<input type="checkbox"/> I am able to engage in all my recreational activities, with some pain in my neck 我可以參加所有的娛樂活動, 但頸部會有些疼痛	+1
<input type="checkbox"/> I am able to engage in most, but not all of my usual recreational activities because of pain in my neck 由於頸部的疼痛, 我只能參加我的大部分日常娛樂活動	+2
<input type="checkbox"/> I am able to engage in a few of my usual recreational activities because of pain in my neck 由於頸部疼痛, 我只能參加一些日常的娛樂活動	+3
<input type="checkbox"/> I can hardly do any recreational activities because of pain in my neck 由於頸部疼痛, 我幾乎無法參加任何娛樂活動	+4
<input type="checkbox"/> I can't do any recreational activities at all 我根本無法參加任何娛樂活動	+5

### Total Score:

Raw Score: Summation of Points

Raw Score: \_\_\_\_\_ Points

Percentage Score:  $\frac{\text{Raw Score}}{\# \text{ Completed Questions } * 5}$

Percentage Score: \_\_\_\_\_ %

# Oswestry Disability Index (ODI) 腰背痛

Patient Name: \_\_\_\_\_

Date: \_\_\_\_\_

## 1. Pain Intensity 疼痛強度

<input type="checkbox"/> I have no pain at the moment 我現在沒有疼痛	+0
<input type="checkbox"/> The pain is very mild at the moment 目前疼痛輕微	+1
<input type="checkbox"/> The pain is moderate at the moment 目前疼痛中等	+2
<input type="checkbox"/> The pain is fairly severe at the moment 目前疼痛相當嚴重	+3
<input type="checkbox"/> The pain is very severe at the moment 目前疼痛非常嚴重	+4
<input type="checkbox"/> The pain is the worst imaginable at the moment 目前的疼痛是可以想像到的最嚴重的程度	+5

## 2. Personal Care (Washing, Dressing, etc.)

个人护理 (梳洗, 穿衣等等)

<input type="checkbox"/> I can look after myself normally without causing extra pain 我可以正常自理, 不會造成額外的疼痛	+0
<input type="checkbox"/> I can look after myself normally but it causes extra pain 我可以正常自理, 但這會導致額外的疼痛	+1
<input type="checkbox"/> It is painful to look after myself and I am slow and careful 我照自理時很痛, 但我会緩慢而小心	+2
<input type="checkbox"/> I need some help but can manage most of my personal care 我需要一些幫助, 但大部分可以自理	+3
<input type="checkbox"/> I need help every day in most aspects of self-care 我每天在自理方面大多數都需要幫助	+4
<input type="checkbox"/> I do not get dressed, I wash with difficulty and stay in bed 我无法穿衣服, 洗滌有困難, 並保持卧床	+5

## 3. Lifting 提重

<input type="checkbox"/> I can lift heavy weights without extra pain 我可以提重物而不會感到額外的疼痛	+0
<input type="checkbox"/> I can lift heavy weights but it gives extra pain 我可以提重物, 但會帶來額外的疼痛	+1
<input type="checkbox"/> Pain prevents me lifting heavy weights off the floor, but I can manage if they are conveniently placed, for example on a table 疼痛使我無法將重物從地板上抬起, 但如果將它們放置在方便的放置, 例如在桌子上, 我就可以提起	+2
<input type="checkbox"/> Pain prevents me from lifting heavy weights but I can manage light to medium weights if they are conveniently positioned 疼痛使我無法舉起重物, 但如果位置方便, 我可以提起輕到中等的重量	+3
<input type="checkbox"/> I can only lift very light weights 我只能提起很輕的重量	+4
<input type="checkbox"/> I cannot lift or carry anything 我根本無法提起或搬動任何東西	+5

## 4. Walking 步行

<input type="checkbox"/> Pain does not prevent me walking any distance 疼痛并不妨礙我走任何距離	+0
<input type="checkbox"/> Pain prevents me from walking more than 1 mile 疼痛使我無法步行超過 1 英里	+1
<input type="checkbox"/> Pain prevents me from walking more than ½ mile 疼痛使我無法步行超過 0.5 英里	+2
<input type="checkbox"/> Pain prevents me from walking more than 100 yards 疼痛使我無法步行超過 100 碼	+3
<input type="checkbox"/> I can only walk using a stick or crutches 我只能使用拐杖走路	+4
<input type="checkbox"/> I am in bed most of the time 我大部分時間都在卧床	+5

## 5. Sitting 坐著

<input type="checkbox"/> I can sit in any chair as long as I like 只要我願意我可以坐在任何的椅子上和想坐多久就坐多久	+0
<input type="checkbox"/> I can only sit in my favorite chair as long as I like 我只能坐在我最喜歡的椅子上, 想坐多久就坐多久	+1
<input type="checkbox"/> Pain prevents me sitting more than 1 hour 疼痛使我無法坐著超過 1 小時	+2
<input type="checkbox"/> Pain prevents me from sitting more than 30 minutes 疼痛使我無法坐著超過 30 分鐘	+3
<input type="checkbox"/> Pain prevents me from sitting more than 10 minutes 疼痛使我無法坐著超過 10 分鐘	+4
<input type="checkbox"/> Pain prevents me from sitting at all 疼痛讓我根本無法坐下	+5

## 6. Standing 站立

<input type="checkbox"/> I can stand as long as I want without extra pain 我可以想站多久就站多久, 不會產生額外的疼痛	+0
<input type="checkbox"/> I can stand as long as I want but it gives me extra pain 我可以想站多久就站多久, 但會給我帶來額外的痛苦	+1
<input type="checkbox"/> Pain prevents me standing for more than 1 hour 疼痛使我無法站立超過 1 小時	+2
<input type="checkbox"/> Pain prevents me from standing for more than 30 minutes 疼痛使我無法站立超過 30 分鐘	+3
<input type="checkbox"/> Pain prevents me from standing for more than 10 minutes 疼痛使我無法站立超過 10 分鐘	+4
<input type="checkbox"/> Pain prevents me from standing at all 疼痛讓我根本無法站立	+5

## 7. Sleeping 睡眠

<input type="checkbox"/> My sleep is never disturbed by pain 我的睡眠不被疼痛打擾	+0
<input type="checkbox"/> My sleep is occasionally disturbed by pain 我的睡眠偶爾會因疼痛而受到干擾	+1
<input type="checkbox"/> Because of pain I have less than 6 hours sleep 由於疼痛，我的睡眠時間不足 6 小時	+2
<input type="checkbox"/> Because of pain I have less than 4 hours sleep 由於疼痛，我的睡眠時間不足 4 小時	+3
<input type="checkbox"/> Because of pain I have less than 2 hours sleep 因為疼痛我的睡眠時間不足 2 小時	+4
<input type="checkbox"/> Pain prevents me from sleeping at all 疼痛讓我根本無法入睡	+5

## 8. Sex life (if applicable) 性生活 (如果適用)

<input type="checkbox"/> My sex life is normal and causes no extra pain 我的性生活正常，沒有引起額外的疼痛	+0
<input type="checkbox"/> My sex life is normal but causes some extra pain 我的性生活正常，但會引起一些額外的疼痛	+1
<input type="checkbox"/> My sex life is nearly normal but is very painful 我的性生活幾乎正常，但非常痛苦	+2
<input type="checkbox"/> My sex life is severely restricted by pain 我的性生活受到疼痛的嚴重限制	+3
<input type="checkbox"/> My sex life is nearly absent because of pain 由於疼痛，我幾乎無法有性生活	+4
<input type="checkbox"/> Pain prevents any sex life at all 由於疼痛，根本無法進行任何性生活	+5

## 9. Social life 社交生活

<input type="checkbox"/> My social life is normal and gives me no extra pain 我可以正常社交，不會給我帶來額外的疼痛	+0
<input type="checkbox"/> My social life is normal but increases the degree of pain 我的社交生活正常，但會增加痛苦程度	+1
<input type="checkbox"/> Pain has no significant effect on my social life apart from limiting my more energetic interests, for example sport 疼痛除了限制了我喜歡的有活力的活動（比如運動）之外，沒有嚴重影響我的社交生活	+2
<input type="checkbox"/> Pain has restricted my social life and I do not go out as often 疼痛限制了我的社交生活，我無法經常外出	+3
<input type="checkbox"/> Pain has restricted my social life to my home 疼痛將我的社交生活限制在家裡	+4
<input type="checkbox"/> I have no social life because of pain 由於疼痛我沒有社交生活	+5

## 10. Travelling 旅行

<input type="checkbox"/> I can travel anywhere without pain 我可以毫無疼痛地 去任何地方	+0
<input type="checkbox"/> I can travel anywhere but it gives me extra pain 我可以去任何地方旅行，但會給我帶來額外的疼痛	+1
<input type="checkbox"/> Pain is bad but I manage journeys over two hours 疼痛很嚴重，但我可以堅持兩個多小時的旅程	+2
<input type="checkbox"/> Pain restricts me to journeys of less than 1 hour 疼痛限制我的行程不能超過 1 小時	+3
<input type="checkbox"/> Pain restricts me to short necessary journeys under 30 minutes 疼痛限制我出行，如有必要，只可以進行 30 分鐘以內的短途旅行	+4
<input type="checkbox"/> Pain prevents me from traveling except to receive treatment 疼痛妨礙我出行，除了去接收治療	+5

### Scoring Instructions:

Raw Score: Summation of Points

Raw Score: \_\_\_\_\_ Points

Percentage Score:  $\frac{\text{Raw Score}}{\# \text{ Completed Questions } * 5}$

Percentage Score: \_\_\_\_\_ %

**Patient  
Insurance  
Information**  
病人保險資料

Please check any and all insurance coverage you or your spouse has applicable in this case.

請填寫任何及所有保險您或您的配偶適用於這種事例。

- Auto accident 車禍意外
- BCBS 藍十字藍盾
- Major Medical 病醫療保險
- Worker's Compensation 工人賠償金
- Other 其它

Insurance Identification #

保險標識號碼: \_\_\_\_\_

Date of Accident

事故日期: \_\_\_\_\_

Insurance Name

保險名稱: \_\_\_\_\_

Policy #

保單號碼: \_\_\_\_\_

Address/Phone

地址 / 電話號碼 \_\_\_\_\_

Adjuster

險損估計人: \_\_\_\_\_

Claim#

索賠號碼: \_\_\_\_\_

**Medical and  
Legal  
Information**  
醫療和法律資  
料

Name of Attorney

律師姓名: \_\_\_\_\_

Phone #

電話號碼: \_\_\_\_\_

Address

地址: \_\_\_\_\_

Pregnant:  Yes 是

懷孕:  No 不是

Pacemaker:  Yes 是

起搏器:  No 不是

Family Physician and Phone Number

家庭醫生名字和電話: \_\_\_\_\_

**Patient  
Agreement**  
病人協議

**Assignment and Release**

I, the undersigned, have insurance coverage with \_\_\_\_\_ and assign directly to HealthTrac Family Wellness, Inc all medical benefits, if any, otherwise payable to me for services rendered. I understand that I am financially responsible for all charges whether or not paid by insurance. I hereby authorize the doctor to release all information necessary to secure the payment of benefits. I authorize the use of this signature on all my insurance submissions.

**分配和釋放**

我, 簽署人, 在 \_\_\_\_\_ 保險公司有保險範圍和, 如果有的話, 直接分配所有的醫療福利給 HealthTrac Family Wellness Inc, 否則支付給我提供的服務。我明白我要負責所有的財務費用是否支付保險。本人批准醫生釋放所有必要信息來確保支付保險賠償。本人批准使用此簽名我所有的保險意見書。

\_\_\_\_\_  
Signature of Insured/Guardian

保險人 / 監護人簽名

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_ File: \_\_\_\_\_

## Doctor's Lien 醫生的留置權

Claim#  
理賠號碼: \_\_\_\_\_  
Patient Name  
病人姓名: \_\_\_\_\_  
Attorney  
律師姓名: \_\_\_\_\_

Date of Accident  
意外發生日期: \_\_\_\_\_  
Insured Name  
保險人姓名: \_\_\_\_\_

I hereby authorize and direct my attorney, insurance company or liability insurance adjustor to promptly pay Dr. Hui any monies due and owing him for medical fees incurred either from this accident or by reason of any other bills that are due to his office and to withhold such sums from any settlement, judgement or verdict as may be necessary to adequately protect and fully compensate said doctor.

我特此批准和指導我的律師，保險公司或責任保險調節人，及時支付任何應付款項許醫生和他因醫療產生之費用無論是從這次事故或因其它任何法案，為了必要充分保護和充分補償許醫生。

I fully understand that I am directly and fully responsible to Dr. Hui for all fees incurred in his office. This agreement is made solely for the doctor's additional protection. I further understand that such payment is not contingent on any settlement, judgement, or verdict by which I may eventually recover said fees.

我完全明白我是要直接負責支付所有在許醫生的診所的治療。此協議的目的僅僅是為了醫生的額外保護。

I authorize Dr. Hui to furnish to any attorney, insurance company or adjustor with any and all medical and/or financial information as requested.

我批准許醫生提供任何律師，保險公司或調節人任何或所有的醫療和 / 或財務信息的要求。

I agree that Dr. Hui be given Power of Attorney to endorse/sign my name on any and all checks for payment of my medical bill. I agree to give Dr. Hui a Power of Attorney to endorse/sign my name on any and all checks for payment of my medical bill.

我同意給許醫生委託書在任何和所有支票支付我的醫療費用上認可 / 註冊我的名字。

I understand that this lien is effective for up to five years after my last office visit.

我明白這留置權的有效期是直致為最後一次治療的 5 年後才結束。

A photocopy of this agreement shall be considered as effective and valid as the original.

這協議的影印本能被視為和原版一樣有效。

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_  
病人簽名: \_\_\_\_\_ 日期: \_\_\_\_\_

The undersigned being either the attorney or insurance company representative of record for the above patient does hereby agree to observe all the terms of the above and agree to withhold such sums from any settlement, judgement or verdict as may be necessary to adequately protect Dr. George Chi Hui, D.C.

Attorney's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# HealthTrac Family Wellness

## NO SHOW / CANCELLATION POLICY

Our goal is to meet the needs of our patients and we will make every effort to efficiently schedule your appointments. **In return, it is your responsibility to make every effort to keep your scheduled appointments and arrive promptly at the time instructed.** However, we realize that unanticipated events may prevent you from keeping your appointment. In fairness and consideration to our other patients, we hereby request that you notify our office immediately when you realize you will not be able to keep your appointment.

If you need to cancel or reschedule your appointment, you must do so **at least 24 hours before your scheduled office appointment** to avoid paying a fee. In an effort to see patients promptly at the schedule time, this office does not double-book appointments; therefore, the 24 hour notification is necessary so that we may schedule other patients needing immediate appointments.

### **Missed office appointment fee is \$50.00**

**\*\*Fees are not covered by insurance and must be paid before you can reschedule your appointment.**

我們的目標是滿足患者的需求，我們將盡一切努力有效地安排您的預約。**同時，您也有責任盡一切努力保持預定的預約，並在約定的時間及時到達。**但是，我們意識到，突發事件可能會妨礙您準時到達您的預約。出於對我們其他患者的公平和考慮，我們特此請求您，當您意識到無法準時到達預約時，應立即通知我們診所。

如果您需要取消或重新安排預約，則必須在預約時間的至少 24 小時前取消或重新安排預約，以免支付費用。為了及時在安排的時間看病人，本診所不重複預約。因此，**有必要提前 24 小時通知我們**，以便我們安排其他有需要立即預約的患者。**錯過預約需支付費用如下：\$50.00。**

**\*\*費用不在保險包含範圍之內，必須在重新安排預約之前支付。**

*Nuestro objetivo es satisfacer las necesidades de nuestros pacientes y haremos todo lo posible para programar sus citas de manera eficiente. **A cambio, es su responsabilidad hacer todo lo posible para cumplir con sus citas programada y llegar puntualmente a la hora indicada.** Sin embargo, nos damos cuenta de que los eventos imprevistos pueden impedir que cumpla con su cita. Para ser justos y considerados con nuestros otros pacientes, le solicitamos que notifique a nuestra oficina de inmediato cuando se dé cuenta de que no podrá asistir a su cita.*

*Si necesita cancelar o reprogramar su cita, debe hacerlo **al menos 24 horas antes de su cita programada para evitar pagar una tarifa.** En un esfuerzo por ver a los pacientes puntualmente a la hora programada, este consultorio no reserva citas dobles; por lo tanto, la notificación de 24 horas es necesaria para que podamos programar otros pacientes que necesiten citas inmediatas.*

**La cuota para una cita perdida es: \$ 50.00**

**\*\* Las tarifas no están cubiertas por el seguro y deben pagarse antes de que pueda reprogramar su cita.**

---

Patient Signature / 病人簽名 / Firma del paciente

---

Date / 日期 / Fecha

# HealthTrac Family Wellness

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---

Patient Signature / 病人簽名 / Firma del paciente

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Date / 日期 / Fecha