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| **International Patient Inquiry Form**填表日期： 年 月 日Date: (YYYY/MM/DD) |
| **基本資料****Personal information** |
| 姓名First Name/Last Name |  | 尊稱Title | □Miss □Mrs. □Mr. |
| 性別Gender |  | 生日Date of Birth | (YYYY/MM/DD) |
| 國籍Nationality |  | 現居國家Country of Residence |  |
| 電子信箱E-mail |  | 護照號碼Passport ID |  |
| 電話一Primary Phone | □家裡電話 Home□行動電話 Mobile□工作電話 Work | 電話二Secondary Phone | □家裡電話 Home□行動電話 Mobile□工作電話 Work |
| 母語First Language |  | 宗教信仰Religion |  |
| 居住地址Address |  | 預期聯絡方式I prefer to be contacted by: | □電話 Phone□電子信箱 Email□兩者皆可 No preference |
| 當醫院聯絡您時，是否可提到醫院的機構名稱呢？May we give our name "○○○Hospital" when contacting you? | □是 Yes□否 No |
| 您透過何種管道得知本院訊息？How did you learn about ○○○Hospital? | □主治醫師 Treating physician□親友 Family members/friends□主管同事 Business partners□本醫院員工 Hospital staff member□本醫院網站 Hospital’s Website□社群/討論區 Social Media□其他新聞媒體 Other Press releases□政府機構 Governmental institution□醫療保險單位 Health insurance |
| **醫療服務需求****Medical Service Needs** |
| 所需服務ServiceRequested | □醫療諮詢與手術 Medical Consultation and Operation□健康檢查 Health Checkup□第二意見 Second Opinion□尚未確定 Unsure |
| 預約日期Date of Appointment | □儘速安排 Earliest date available□日期偏好 Choose a preferred date (YYYY/MM/DD) | 科別及檢查Preferred Specialty |  |
| 症狀描述Symptom(s) to be Treated |  |
| 行動能力Mobility Status | □行動未受限 Not limited□輪椅 By wheelchair□臥床 Bedridden□加護病房 In ICU | 指定醫師Doctor Requested (If any) |  |
| 治療現況Treatment Received |  | 醫療保險現況Insurance |  |
| **個人與家族史****Patient’s and Family’s History** |
| 若您或您的家屬曾經罹患以下重大疾病或慢性病，請與表格中打「V」。If you or your family members have ever had the disease mentioned below, please mark with “V”. |
| 疾病名稱 | Disease | 病人Patient | 家長Parents | 手足Sibling | 祖（外）父母Grand Parents |
| 糖尿病 | Diabetes |  |  |  |  |
| 心臟疾病 | Cardiac disease |  |  |  |  |
| 高血壓 | Hypertension |  |  |  |  |
| 癌症 | Cancer |  |  |  |  |
| 肝炎 | Hepatitis |  |  |  |  |
| 中風 | Stroke |  |  |  |  |
| 腎臟疾病 | Renal disease |  |  |  |  |
| 肺結核 | Tuberculosis |  |  |  |  |
| 癲癇 | Epilepsy |  |  |  |  |
| 重度地中海貧血 | Thalassemia major |  |  |  |  |
| 精神疾病 | Psychiatric disease |  |  |  |  |
| 其他 | Other |  |  |  |  |
| 接受重大手術 | Received a surgery |  | 手術名稱Types of Surgery:  |
| 對藥物過敏 | Allergic to medicine |  | 藥物名稱Types of Medicine:  |
| 30日內旅遊 | Took trips in 30 days |  | 旅遊地點Trip’s location:  |
| **生活型態****Lifestyle** |
|  | 經常Always | 偶爾Occasional | 從不Never | 已戒除Quit |
| 您是否吸菸？How often do you smoke? |  |  |  |  |
| 您是否飲酒？How often do you drink wine or alcohol? |  |  |  |  |
| 您是否嚼時檳榔？How often do you eat betel nut? |  |  |  |  |
| **其他服務需求****Other Service Needs** |
| 簽證需求Visa | 我需要臺灣就醫簽證申請的相關協助。□I require visa assistance. |
| 翻譯需求Interpreter | 1. 我希望就醫時使用的語言為：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_。

□Patient Language Preference while in the hospital: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.1. 我需要貴院協助安排醫療翻譯服務。（註：此項服務為付費項目）

□I require an interpreter while in the hospital. (Noted: The service can be provided at extra charge.) |
| 飲食需求Diet | □素食 □清真飲食 □食物過敏，食物名稱\_\_\_\_\_\_\_\_\_\_□其他\_\_\_\_\_\_\_\_\_\_\_\_。□Vegetarian □Halal □Allergic to \_\_\_\_\_\_\_\_\_\_\_\_□Others: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. |
| 交通需求Transportation | 我需要下列勾選的交通接送服務。（註：此項服務為付費項目）□I require pick-up services below. (Noted: The service can be provided at extra charge.)1. 上車地點 Pick-up location:從機場到醫院，機場名稱為：□The airport: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.從居住地點到醫院，居住地點為：□The hotel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.2. 上車日期 Pick-up date: (YYYY/MM/DD)3. 車型 Preferred Car type: □轎車 Sedan □休旅車 SUV □禮車 Limousine □其他Others |
| 住宿需求Accommodation | 我需要貴院推薦醫院附近的飯店名單。□I require recommendations for accommodations near ○○○Hospital. |
| 旅行需求Traveling | 我需要貴院推薦適合旅行的地點。□I require recommendations for suitable Traveling spots. |
| 其他需求Additional Request |  |
| **緊急聯絡人資料****Emergency Contact** |
| 姓名Name |  | 關係Relation to the patient |  |
| 尊稱Title | □Miss □Mrs. □Mr. | 現居國家Country of Residence |  |
| 日間連絡電話Phone (Day) | □家裡電話 Home□行動電話 Mobile□工作電話 Work | 夜間連絡電話Phone (Night) | □家裡電話 Home□行動電話 Mobile□工作電話 Work |