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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  Service  Requested | | | □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 | | |