

NEW HOPE CHIROPRACTIC P.C.
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일반보험

DEMOGRAPHICS

Name (이름) _____ Date of Birth (생년월일) _____ Sex (성별) M/F
Social Security # _____ Home Phone # _____ Cell Phone # _____
Address (주소) _____ City _____ State _____ Zip _____
Occupation/Job (직장/회사) _____

HEALTH INFORMATION

What is the reason for today's visit? _____
(오늘 클리닉에 오신 이유?)

When did your symptoms first appear? _____
(첫증상이 언제부터?)

The condition is: Getting worse (나빠졌다) Improving (좋아지고있다) Same (똑같다)
(증상이:) Constant (계속있다) Comes and goes (있다없다)

The pain is: Stays in one spot (고정되어있다) Radiates/travels or shoots (움직인다)
(통증이:)

What makes this condition better/worse? Better(좋다) _____ Worse (나쁘다) _____
(어떨때 증상이 좋아지나요/나빠지나요?)

Did you see any other doctors for this condition? If so, who? Yes/No _____
(이 증상으로 인해 다른 의사를 보셨나요?)

What was their diagnosis? _____
(어떤 진단을 받으셨습니까?)

What medications are you currently taking? _____
(지금 무슨 약을 드시고 계시나요?)

Have you had any surgeries? Yes/No _____
(수술 받으신적 있으시나요?)

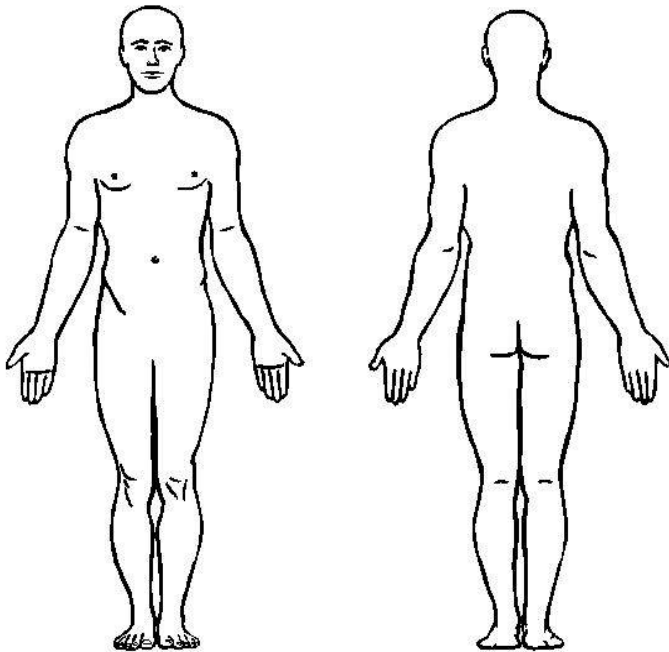
Have you had any accidents/falls? Yes/No _____
(사고당하시거나 떨어지신적 있으시나요?)

Please mark the appropriate places with an "X" you now have or which you had problems with in the past.

(밑에 그림에 해당 증상에 "X"를 해주세요)

Please circle in the list below the places you have or which you had problems with in the past.

(행당 증상을 밑에 써있는 리스트에 동그라미를 해주세요)



Neck (목)

Middle Back (등)

Lower Back (허리)

Shoulder (Which side?) _____

(어깨 - 어느쪽?)

Knee (Which side?) _____

(무릎 - 어느쪽?)

Ankle (Which side?) _____

(발목 - 어느쪽?)

Hip (Which side?) _____

(골반 - 어느쪽?)

Elbow (Which side?) _____

(팔꿈치 - 어느쪽?)

Wrist (Which side?) _____

(손목 - 어느쪽?)

I do certify that all statements on this form, to the best of my knowledge are true, accurate, and complete.

Signature (싸인) _____ Date (날짜) _____