환자 건강 설문지 이름 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**오늘 방문의 주된 이유** 날짜 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**의료 기록**

심각한 사고 / 병 / 외의 다른 질환(예: 암, 심장병, 고혈압, 폐렴)

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과거 입원, 수술 기록 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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현제 복용중인 약 / 보충제

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알러지가 있는 약

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**여성:**

임신 횟수\_\_\_\_\_\_\_\_ 유산 횟수\_\_\_\_\_\_\_ 낙태 횟수\_\_\_\_\_\_\_ 첫 월경이 시작된 나이\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

폐경기 나이\_\_\_\_\_\_\_\_ PAP TEST 마지막 검사일 \_\_\_\_\_\_\_\_\_\_\_\_\_ 유방 X선 마지막 촬영일\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**환자 생활 기록**

결혼 여부: 미혼\_\_\_\_\_ 기혼\_\_\_\_\_\_ 별거\_\_\_\_\_\_ 이혼\_\_\_\_\_\_ 과부\_\_\_\_\_\_\_

현재 직업: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 성적 취향 (선택항) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

술: 전혀 마시지 않는다\_\_\_\_\_\_\_\_ 가끔씩 마신다\_\_\_\_\_\_\_\_ 자주 마신다\_\_\_\_\_\_\_\_ 매일 마신다\_\_\_\_\_\_\_\_

카페인 (하루에 몇잔씩 마시는지 기록해 주십시오): 커피\_\_\_\_\_\_\_\_ 음료수\_\_\_\_\_\_\_\_ 차\_\_\_\_\_\_\_\_

담배: 전혀 피우지 않는다\_\_\_\_\_\_\_\_ 과거에 피웠으나 현재 끊었다\_\_\_\_\_\_\_\_\_\_ 현재 피운다 (하루에 몇갑)\_\_\_\_\_\_\_\_

마약: 전혀 해보지 않았다\_\_\_\_\_\_\_\_ 해본 경험이 있다 (종류) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

운동: 전혀 하지 않는다\_\_\_\_\_\_ 가끔씩 한다\_\_\_\_\_\_ 매주 한다\_\_\_\_\_\_ 매일 한다\_\_\_\_\_\_ 운동종류\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**가족 의료 기록** (본인과의 관계를 적으시오)

관절염 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 고혈압 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

천식/알레르기 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 정신 질환 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

암 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 골다공증 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

당뇨 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 조기 폐경 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

유전 장애 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 뇌졸중 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

심장병 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 갑상선 장애 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_