



## Emergency Medical 急救医疗信息

背面填病史/Medical history  
on the back of the page

**所有选项必填，一人一份！**

\_\_\_\_\_年(yr)\_\_\_\_\_月(mon)

姓(last name):\_\_\_\_\_ 名(first name):\_\_\_\_\_

性别(sex):  男(male)  女(female) 年龄(age):\_\_\_\_\_

地址(add.): \_\_\_\_\_ Framingham, MA

医生姓名(primary doctor): \_\_\_\_\_

子女姓名(emergency contact): \_\_\_\_\_

子女电话(emergency number): \_\_\_\_\_

把**自己**所有的药单贴在下面，**不包括**伴侣：

(Affix all YOUR medication info below, NOT your spouse's):

把 CVS 或者 Walgreens 取药信封上的  
小单子剪下来，罗列贴在这里。

请确保每一张都可以翻开，看到病  
人姓名，药名，药量。

## 请在自己有的病症前打√ (check all that apply)

- ◎ 严重药物过敏(severe allergy): \_\_\_\_\_
- |                              |                                   |
|------------------------------|-----------------------------------|
| ◎ 心电图异常 (abnormal EKG)       | ◎ 肾上腺机能不足 (adrenal insufficiency) |
| ◎ 心绞痛 (angina)               | ◎ 哮喘 (asthma)                     |
| ◎ 出血性疾病 (bleeding disorder)  | ◎ 癌症 (cancer)                     |
| ◎ 心律不齐 (cardiac dysrhythmia) | ◎ 白内障 (cataracts)                 |
| ◎ 凝血障碍 (clotting disorder)   | ◎ 心脏搭桥 (coronary bypass graft)    |
| ◎ 老年痴呆 (alzheimer)           | ◎ 糖尿病 (diabetes)                  |
| ◎ 眼睛手术 (eye surgery)         | ◎ 青光眼 (glaucoma)                  |
| ◎ 听力障碍 (hearing impaired)    | ◎ 人工心脏瓣膜 (heart valve prosthesis) |
| ◎ 心脏病 (heart disease)        | ◎ 溶血性贫血 (hemolytic anemia)        |
| ◎ 血液透析 (hemodialysis)        | ◎ 高血压 (hypertension)              |
| ◎ 肝炎 (hepatitis)             | ◎ 喉切除 (laryngectomy)              |
| ◎ 低血糖 (hypoglycemia)         | ◎ 淋巴瘤 (lymphomas)                 |
| ◎ 白血病 (leukemia)             | ◎ 重症肌无力 (myasthenia gravis)       |
| ◎ 记忆障碍 (memory impaired)     | ◎ 肾衰竭 (renal failure)             |
| ◎ 使用起搏器 (pacemaker)          | ◎ 贫血 (anemia)                     |
| ◎ 癫痫 (seizure disorder)      | ◎ 结核 (tuberculosis)               |
| ◎ 中风 (stroke)                | ◎ 视力障碍 (vision impaired)          |

备注或其他病症 (other conditions/notes):

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