高醫牙科門診記錄（Dental Chart）

牙科專用

病歷號碼 Chart No.：Case 2.　　Insurance 健保 Yes / No 一般

姓名 Name：○○○　性別 Sex：女　出生日期 Birthday：XX 年 XX 月 XX 日 (yr / mon / day)

籍貫 Native：_____　婚姻狀況 Marital status：☑已婚 yes ☐未婚 no　初診日期 First visit：XX 年 XX 月 XX 日 (yr / mon / day)

職業 Occupation：家管　電話 Tel：XX-XXXXXXX　血型 Blood type：_____

地址 Address：_____

Medical Alert	抽煙 有(yes)，無(no) 多久_____ Smoking 每日數量_____包，目前有，無抽 喝酒 有(yes)，無(no) 多久_____ Alcohol 每日數量_____瓶，目前有，無喝 吃檳榔 有(yes)，無(no) 多久_____ Betel quid 每日數量_____顆，目前有，無吃 其他習慣或嗜好(Other hobbies ?) _____

健康問題：請仔細據實回答下列問題，請於空格處鉤選 ☐ 你有下列疾病嗎？(Do you have the following diseases ?)	Yes 有	No 無	Unknown 不詳
1.肝炎或肝病（hepatitis, liver disease）	☐	☑	☐
2.腫瘤或癌症（neoplasm, cancer）	☐	☑	☐
3.心臟病，心律不整（heart disease, arrhythmia）	☐	☑	☐
4.高血壓（hypertension, high blood pressure）	☐	☑	☐
5.甲狀腺疾病（thyroid disease）	☐	☑	☐
6.肺結核（tuberculosis）	☐	☑	☐
7.腎臟病（renal disease）	☐	☑	☐
8.糖尿病（diabetes mellitus）	☐	☑	☐
9.血液疾病（blood disorder）	☐	☑	☐
10. 性病（sexual transmitted disease）	☐	☑	☐
11. 懷孕（pregnancy currently）	☐	☑	☐
12. 您過去有沒有住過院？ Have you been hospitalized ?	☐	☑	☐
為什麼住院？（Why？）_____			
13. 您曾有過過敏的經驗嗎？ Do you have drug allergy history ?	☐	☑	☐
何種藥物或其他過敏物？（Name of drug）_____			
14. 您目前正在服用藥物嗎？（包含情緒及精神方面的藥物）	☐	☑	☐
(Do you have medication currently? Include psychiatric drug ?)			
為什麼服藥（Why？）_____ 服用多久了（How long？）_____			
藥名（Drug name？）_____			
15. 您曾經接受過放射線治療嗎？（不含一般檢查用的 X 光）	☐	☑	☐
(Do you have received radiotherapy ?)			
治療部位（Region？）_____ 治療多久（How long？）_____			
16. 有無任何其他沒有提到的疾病？(Other disease ?)	☐	☑	☐
有的話，是(yes) _____			

請簽名（Signature）○○○

牙科門診記錄

Chief Complants: A swelling mass over lower left gum

P.I.

Age	Sex	Date of onset	Character & Location	Refer from	Previous Treatment

This 33 y/o female suffered from swelling and numbness over lower left gingiva for more than one year. She had been to a LDC for help. After x-ray exam, she was referred to our OPD for further evaluation and treatment.

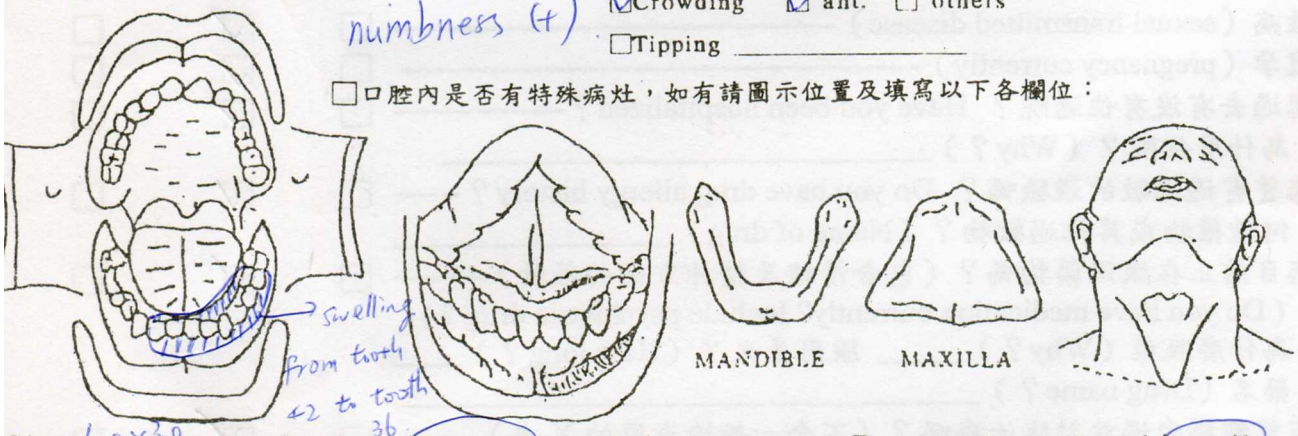
O.E. :

- ☐ Character of pain ☐ dull ☐ sharp ☐ throbbing ☐ radiated ☐ percussion
- ☑ Food impaction
- ☑ Plaque or calculus deposition
- ☑ Gingival swelling
- ☐ Gingival bleeding
- ☐ Teeth mobility Grade _____
- ☐ Abscess formation
- ☐ Sensitivity to ☐ cold water ☐ hot water ☐ inhaled air
- ☐ Clicking sound from joint (R't, L't)
- ☐ Muscle tenderness_____

- ☐ Improper ☐ restoration ☐ C&B ☐ RPD ☐ CD
- ☐ Poor masticatiory function
- ☐ Poorly phonetic
- ☐ Unesthetic teeth or restoration _____
- ☐ Diastema or spacing
- ☐ Loose C&B _____
- ☐ Sharp edge of teeth (trauma to cheek or tongue)
- ☐ Facial asymmetry
- ☐ Clincal profile ☐ straight ☐ convex ☐ concave
- ☐ Occlusion ☐ class I ☐ class II ☐ class III
- ☐ Deep bite
- ☐ Open bite ☐ ant. ☐ post.
- ☐ Crossbite ☐ ant. ☐ post.
- ☑ Crowding ☑ ant. ☐ others
- ☐ Tipping _____

numbness (+)

☐口腔內是否有特殊病灶，如有請圖示位置及填寫以下各欄位：



Size: 6.0×3.0 cm Surface: smooth/rough/_____ Base: pedunculated/sessile

Shape: nodule/dome/polypoid/_____ Color: white/red/yellow/blue/pink

Consistency: soft/cheesy/rubbery/firm/hard/_____ Fluctuation: +/-/?

Mobility: movable/fixed/_____ Pain: +/-/? Tenderness: +/-/?

Induration: +/-/? Lymphadenopathy: +/-/specify_____

口腔癌患者，請務必填寫：TNM: T__/N__/M__ Stage I/II/III/IV

C&B

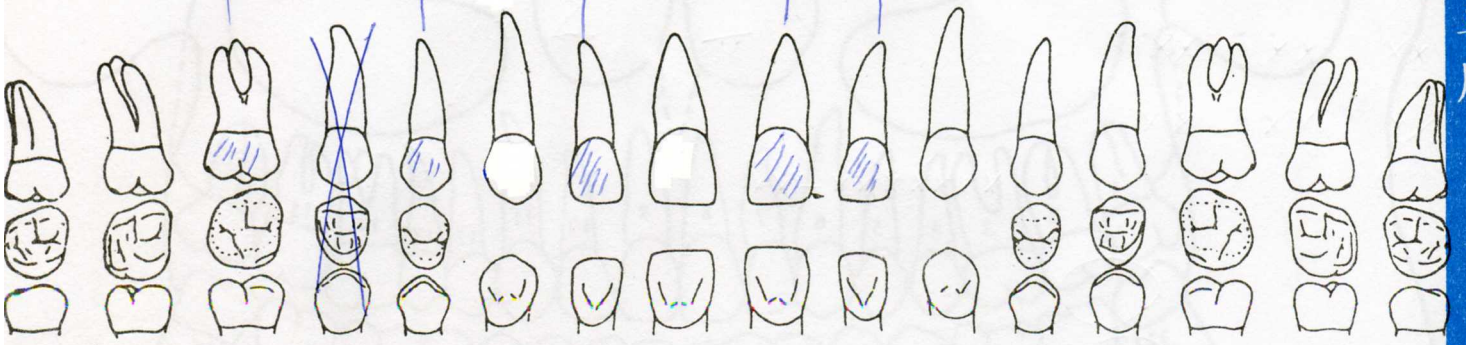
Crown

C&B

Maxillary Right

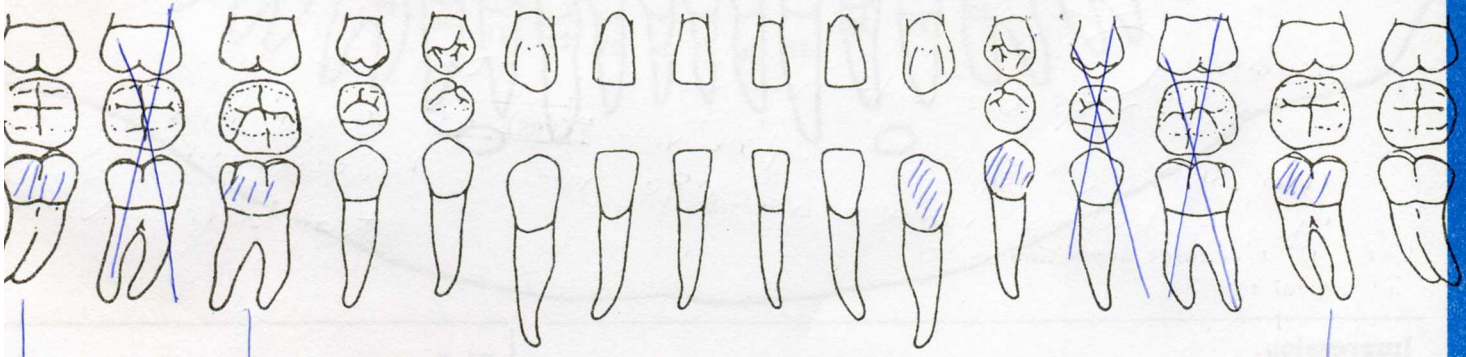
Maxillary Left

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16



Lingual

Lingual



32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17

Mandibular Right

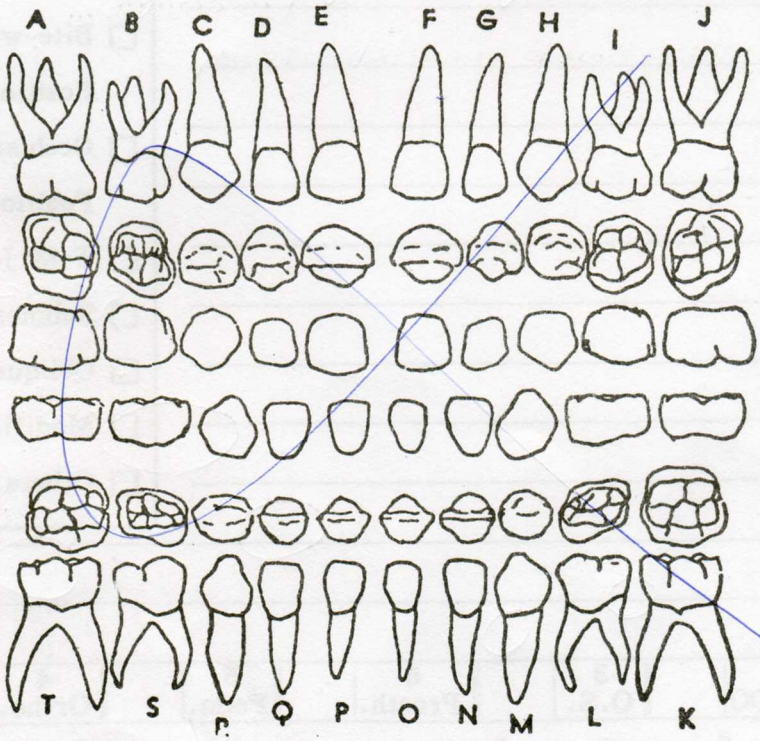
Mandibular Left

C&B

C&B

A—Amalgam
C—Composite
.—Cement
F—Gold Foil
C—Porcelain Crown
C—Acrylic Face Crown
C—Full Gold Crown
C—Stainless Steel Crown
B—Fixed Bridge
D—Removable Partial Denture
D—Full Denture

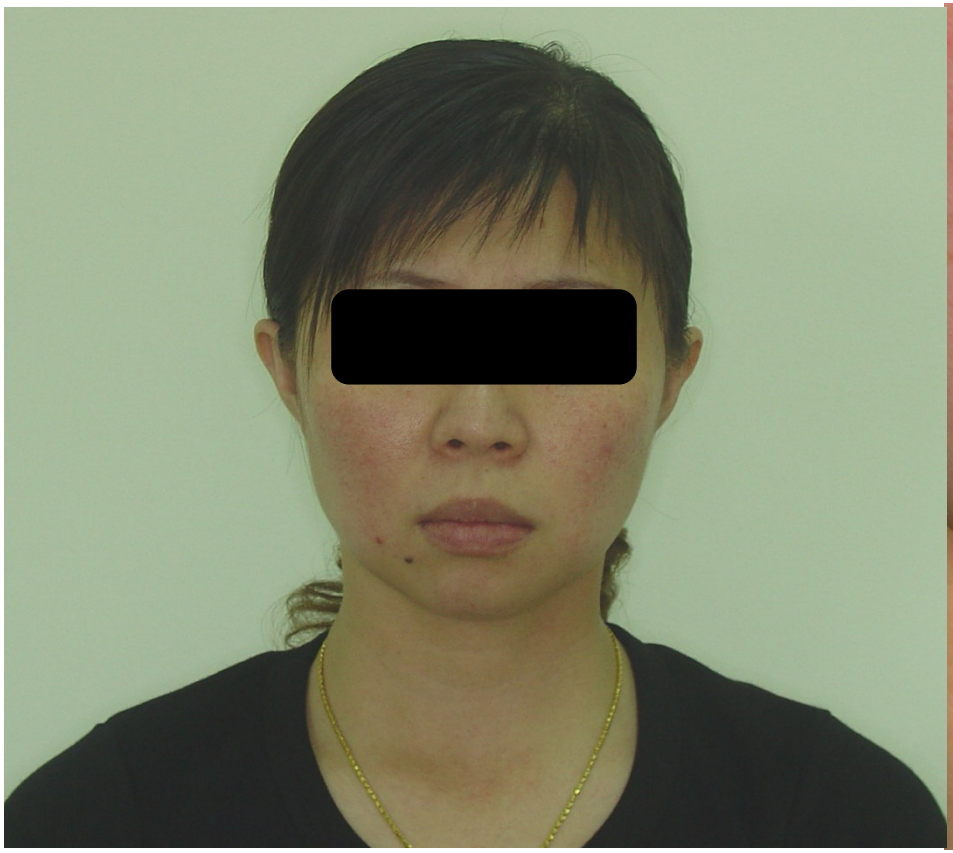
ight

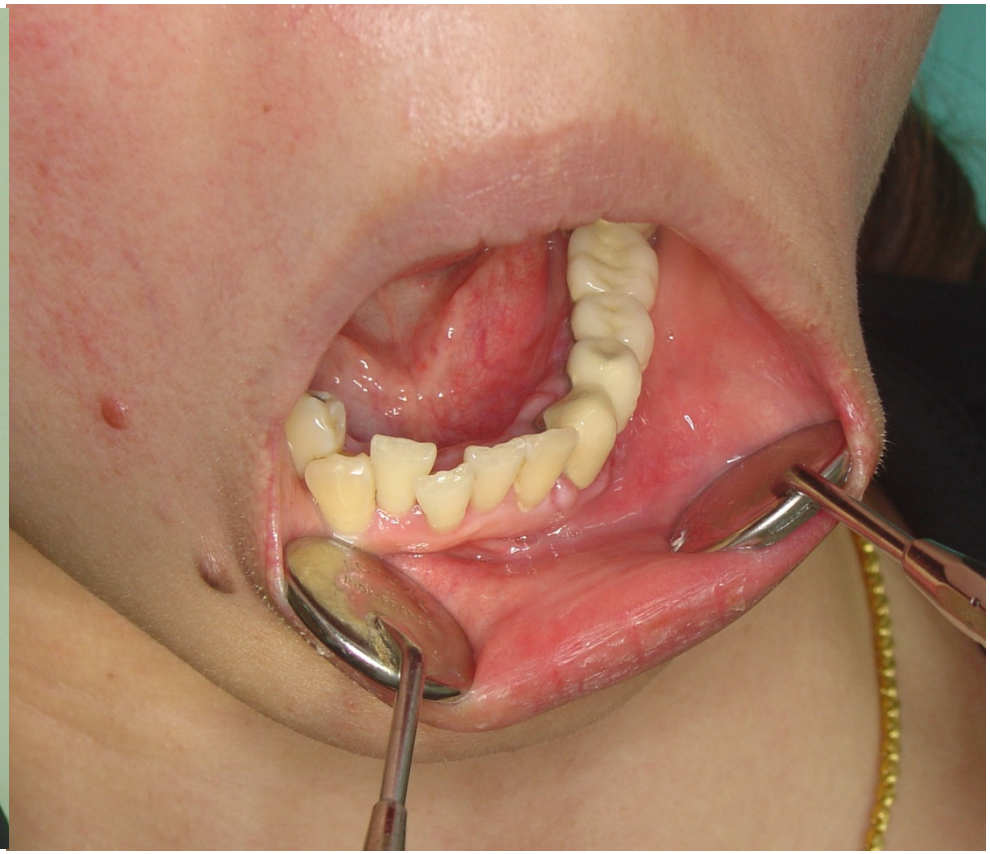


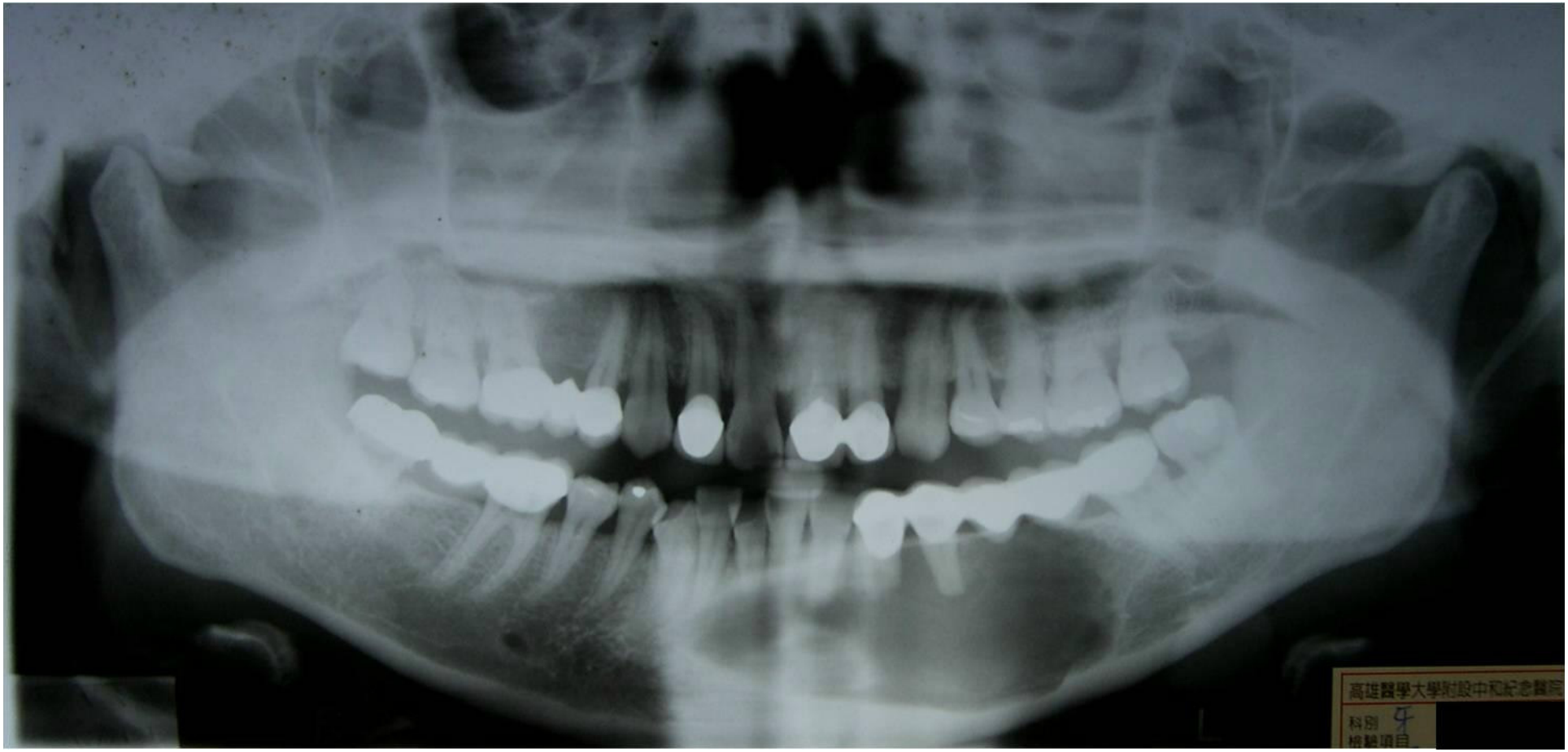
D--Decay
R.R. residual root

× Missing
+ Impacted
| Unerupted
Malposed
Rotated
Ectopic Eruption
I :Mobility Grade I
II :Mobility Grade II
III :Mobility Grade III

Left



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