高醫牙科門診記錄（Dental Chart）

牙科專用

病歷號碼 Chart No.：Case 3　　Insurance　Yes 健保　No 一般

姓名 Name：OOO　性別 Sex：男　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：I　電話 Tel：XX-XXXXXX　血型 Blood type：_____

地址 Address：_____

Medical Alert	抽煙 有(yes)，無(no)　多久 >10年 Smoking 每日數量_____包，目前有，無抽 喝酒 有(yes)，無(no)　多久 >10年 Alcohol 每日數量_____瓶，目前有，無喝 吃檳榔 有(yes)，無(no)　多久 >10年 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？）盲腸炎			
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）OOO

牙科門診記錄

Chief Complants: A swelling mass over mouth floor for more than one deade

P.I.

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

This 34 y/o male found a swelling mass over anterior left mouth floor when he was a senior high school student. No obvious change or disturbance is noted. He came to our OPD for treatment.

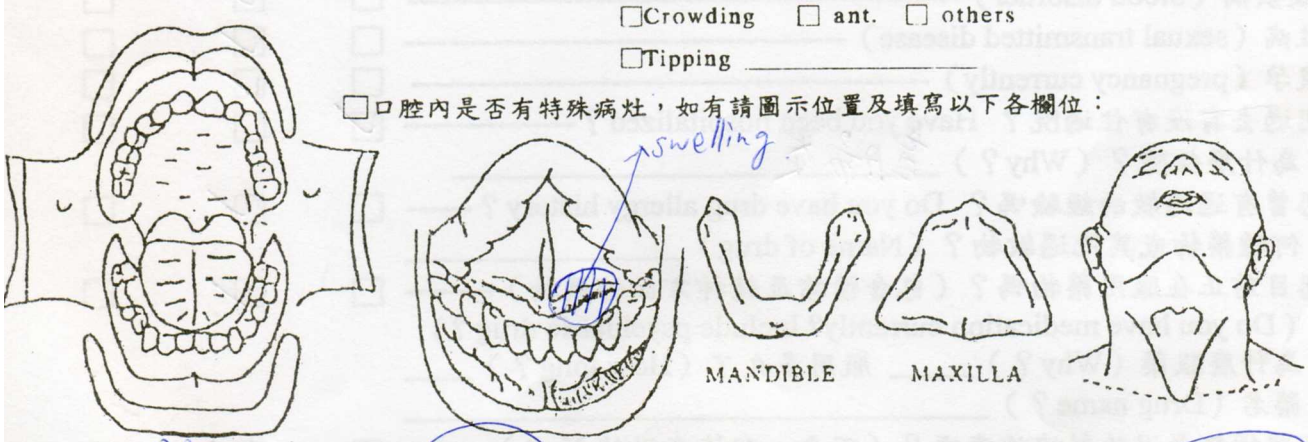
O.E. :

☐ Character of pain ☐ dull ☐ sharp
☐ throbbing ☐ radiated
☐ percussion

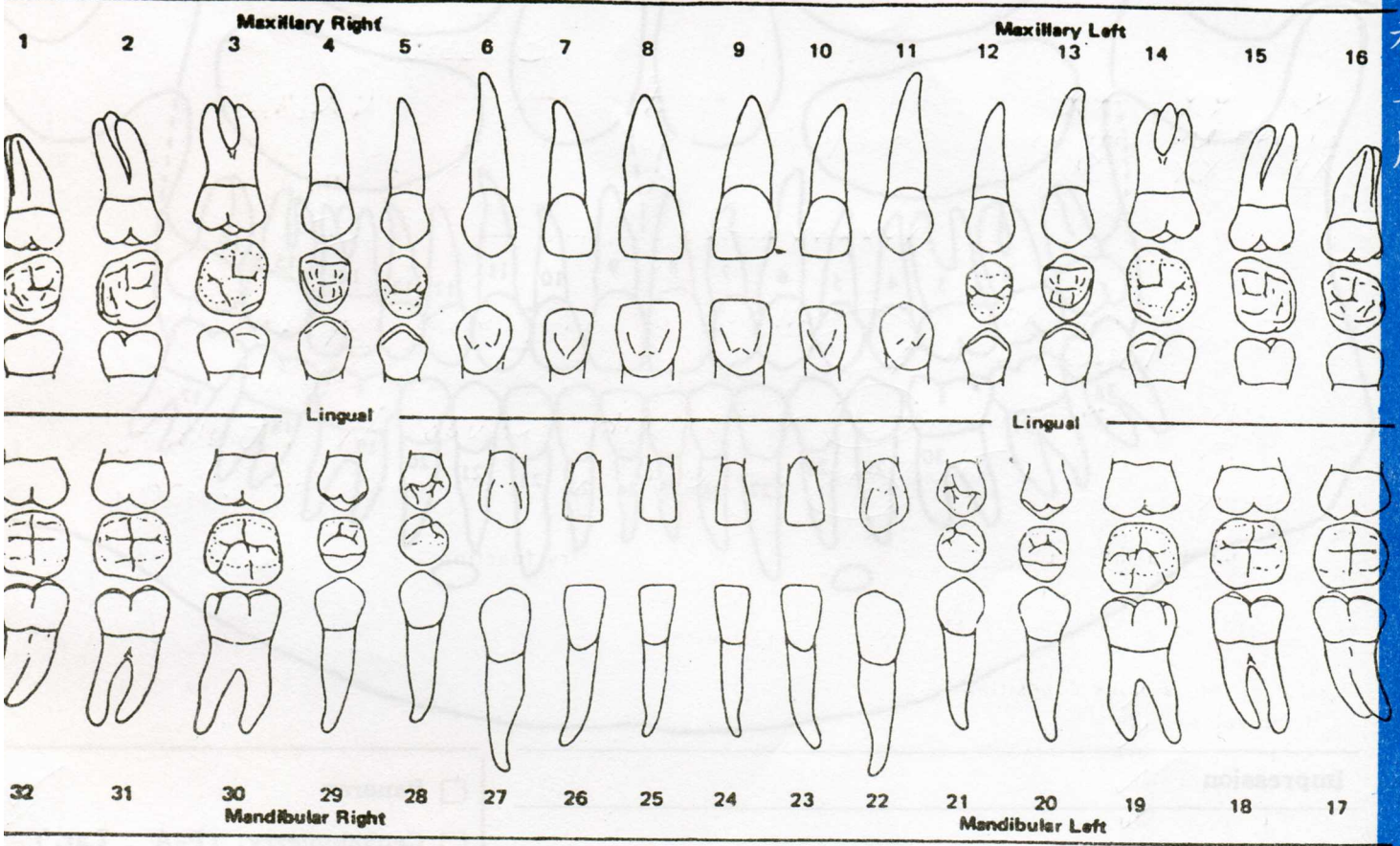
☐ Food impaction
☑ Plaque or calculus deposition
☑ Gingival swelling
☐ Gingival bleeding
☐ Teeth mobility Grade _____
☐ Abscess formation
☐ Sensitivity to ☐ cold water
☐ hot water
☐ inhaled air
☐ Clicking sound from joint (R't, L't)
☐ Muscle tenderness_____

☐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 _____

☐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：

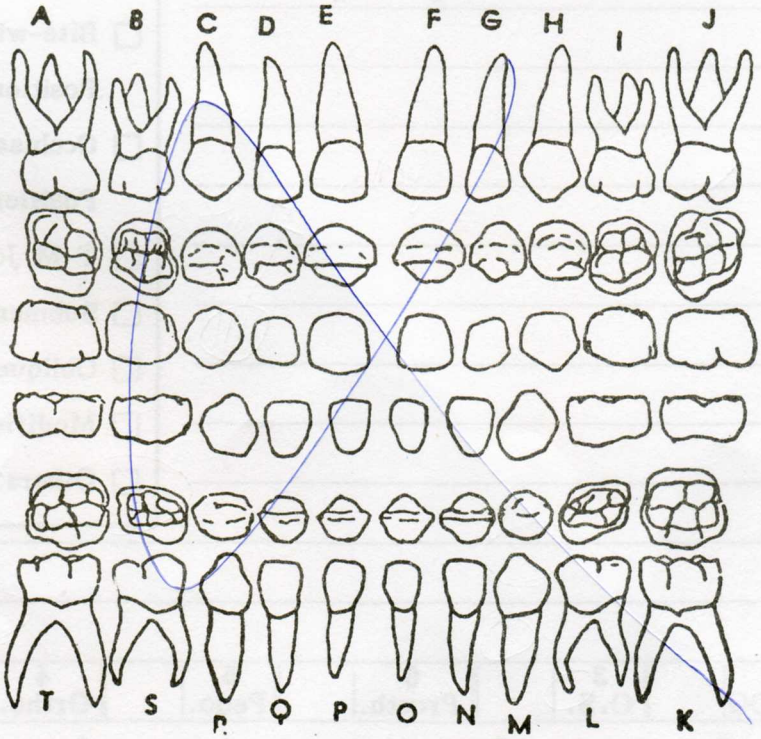


Size: 2.0×2.0 cm Surface: smooth/rough/_____ Base: pedunculated/sessile
Shape: nodule/dome/polypoid/_____ Color: white/red/yellow/blue/_____
Consistency: soft/cheesy/rubbery/firm/hard/_____ Fluctuation: +/-?
Mobility: movable/fixed/_____ Pain: +/-? Tenderness: +/-?
Induration: +/-? Lymphadenopathy: +/- specify_____
口腔癌患者，請務必填寫：TNM: T__/N__/M__ Stage I/II/III/IV



—Amalgam
—Composite
—Cement
—Gold Foil
—Porcelain Crown
—Acrylic Face Crown
—Full Gold Crown
—Stainless Steel Crown
—Fixed Bridge
—Removable Partial Denture
—Full Denture

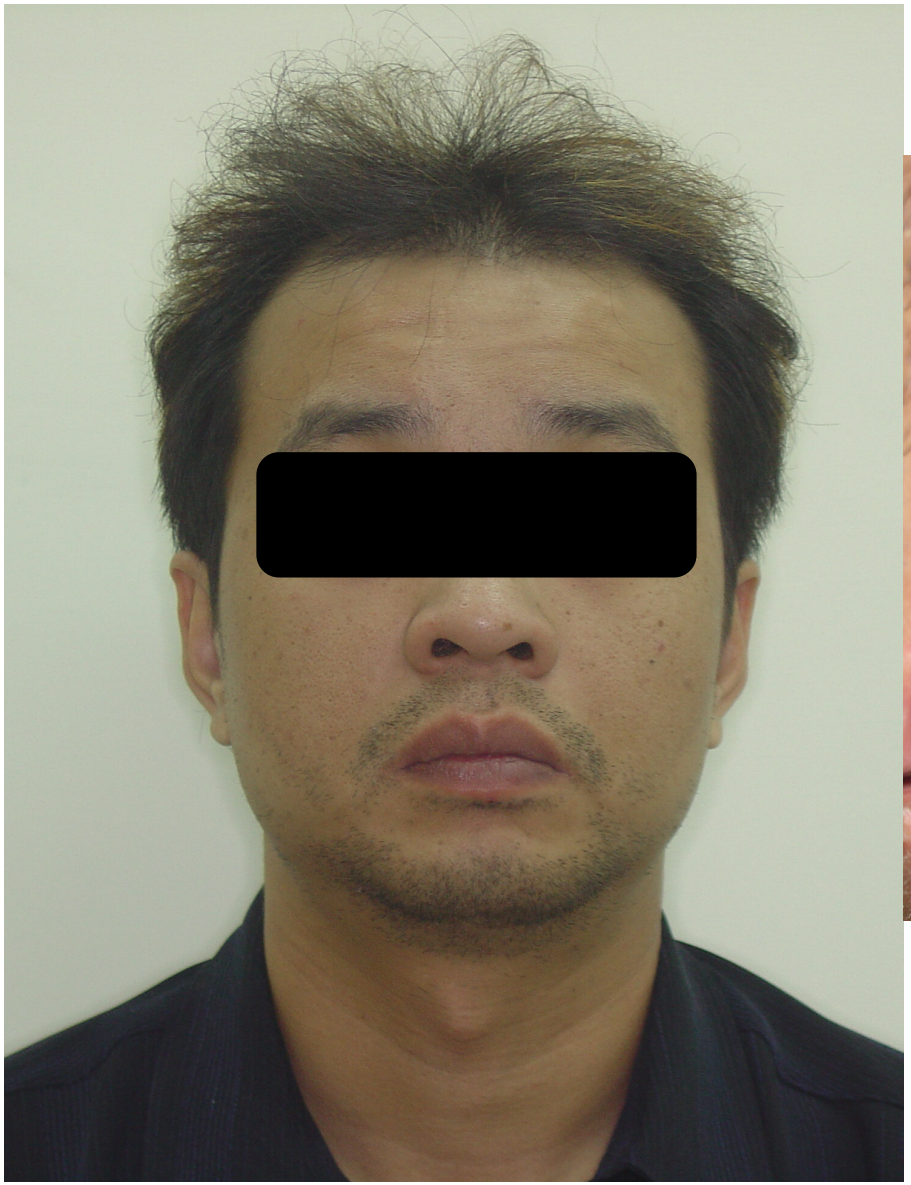
ght

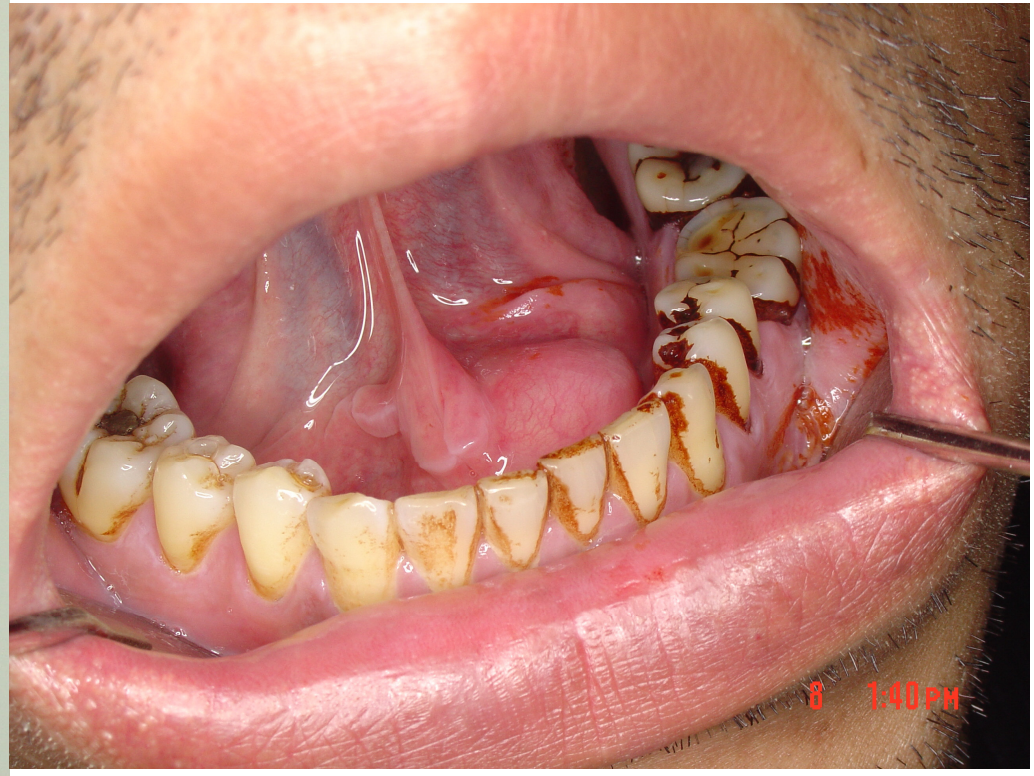


D--Decay
R.R. residual root

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

Left

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