Specialty Medical Center / Mark M. Song, M.D., Ph.D.

Patient Information for Medical Records

*** Please Print Clearly** Today's Date (오늘 날짜): ______________________

Patient Name (환자 성함-영문과 한글): ______________________

Social Security Number(쇼셜번호): ______________________ Gender (성별): Female (여자) / Male (남자)

Birthdate(생년월일): ______________________ Age (나이): ______________________

Marital Status(결혼 사유): Single (혼전)__ Married (결혼)__ Divorced (이혼)__ Separated (별거)__ Widowed (사별)__

Home Address (집주소): ______________________

____

City (시) State (주) Zip Code (우편번호)

Home Phone (집 전화번호): (_____)______________________Cell Phone (휴대폰 전화번호): (_____)______________________

Employer's Name (직장 이름): ______________________

Position (직위): ______________________Work Phone (직장 전화 번호): (_____)______________________

Work Address (직장 주소): ______________________

Insurance Subscriber or Responsible Party

Insured Name (이름): ______________________ Relationship (관계): ______________________

Identification or Subscriber Number (보험가입 번호): ______________________

*** Copy (Front & Back) of Insurance Card is made.** ☐

Emergency Contact(s) (응급연락처)

Name (이름): ______________________ Relationship (관계): ______________________

Home Phone(집 전화번호): (____)______________________Cell Phone(휴대폰 전화번호): (____)______________________

I, the undersigned, have insurance coverage(s) with ______________________

Name of Insurance Company

and assign directly to Speciality Medical Center / Dr. Mark M. Song all medical benefits, if any otherwise payable to me for services rendered. I fully understand that I am financially responsible for all charges whether or not paid by my insurance coverage(s). I hereby authorize Garden Grove Medical Group / the doctor to release all information to secure the payment of benefits. I authorize the use of the below signature on all my insurance claims submissions.

Print Name(성함): ______________________ Signature(싸인): ______________________

Relationship(관계): ______________________

* If the patient is a minor, the parent or guardian should sign on behalf of the patient.

SPECIALTY MEDICAL CENTER / MARK M SONG, M.D., Ph.D.

PATIENT'S MEDICAL HISTORY RECORD

Patient Name (환자 성함): ______________________________ Gender (성별): _____Male (남) _____Female(여)

Date of Birth (생년월일): ______________________________ Medical Record No. (병원기록번호):

Are you allergic to any medications (약에 부작용이 있으십니까?): _____Yes (예) _____No (아니요)

If Yes, what type of allergies do you have and what are their reactions?

(만일 알레르기가 있으시다면 어떤 종류이며 반응 또는 증상이 어떠합니까?)

____

____

	Yes(예)	**No**(아니요)	**Treatments and/or Surgeries** (치료와 수술 기록)
Cataract(백내장)			
Diabetes(당뇨)			
Hypertension(고혈압)			
Heart Disease(심장질환)			
Asthma(천식)			
Tuberculosis(결핵)			
Stomach Problems(위장질환)			
Intestinal Problems(장질환)			
Hepatitis(간염)			
Any other liver diseases(간질환)			
Kidney Diseases(신장질환)			
Kidney Stone Disease(신장결석)			
Bladder Infection(방광염)			
Thyroid Disease(갑상선)			
Spinal Disease(척추질환)			
Cancer(암)			
Stroke(중풍)			
Seizure(간질)			

Have you ever been hospitalized? (병원에 입원하신적이 있이십니까?) _____Yes (예) _____No (아니요)

Have you ever had blood transfusion? (피 수혈을 받이신적이 있으십니까?) _____Yes (예) _____No (아니요)

Are you taking any medication(s)? (지금 복용하시는 약들이 있으십니까?) _____Yes (예) _____No (아니요)

If you answered yes to any of above questions, please list them below.

(만일 위의 질문에 '예'라고 답을 하셨다면, 아래에 기재하십시요.)

____

____

____

In you immediate family, anybody has medical conditions? _____Yes (예) _____No (아니요)

(직계 가족이나 친척들중에 병력이 있으신 분이 있으십니까?)

Have you been smoking? (흡연을 하신적이 있으십니까?) _____Yes (예) _____No (아니요)

Have you been drinking alcohol? (음주를 하신적이 있으십니까?) _____Yes (예) _____No (아니요)

Have you been using drug? (마약을 하신적이 있으십니까?) _____Yes (예) _____No (아니요)

If you answered yes to any of above questions, please list them below.

(만일 위의 질문에 '예'라고 답을 하셨다면, 아래에 기재하십시요.)

____

____

____

Patient (Guardian) Signature: ______________________________ Date: ________________