

初診基本資料(Personal Information)

初診日期 (First Visit Date) : / /

病歷號
Chart No

健保(National Health Insurance) 是 Yes 否 No
性別 (Sex) : 男(Male) 女(Female)

姓名 Name				生日 Date of Birth			
學歷 Education			職業 Occupation			婚姻 Marital Status	<input type="checkbox"/> 已婚(Married) <input type="checkbox"/> 未婚(Single)
身分證號(Residence Permit or Passport Number)				電話(Phone Number)			
現住地址 Address	□□□						
戶籍地址 Perpetual Address	□□□						
e-mail							
聯絡人 Contact in Taiwan	姓名 Name			關係			電話 Phone
	地址 Address	□□□					

_____因健康因素至部立雙和醫院診療，我了解診療之必要性，也了解醫院為教學醫院會有教學診療，我同意醫師及相關醫事人員給予之必要處置，也同意醫院以保護性之方式將姓名公佈於就診名單上。同時我了解就醫權利與合作義務(詳背面)，以及醫院對我的健康資訊會予以保護。

I, _____, the undersigned, understand that I need diagnosis and the treatment that TMU-Shuang Ho Hospital, is a teaching hospital, and then my treatments will be provided by physicians and other medical professionals. I agree to let the hospital post my name on patient list use a privacy protection method, I also understand patients' rights and responsibilities (detail on back); the hospital will safeguard my health information.

※ 我同意醫療人員調閱本人健保用藥紀錄 同意 不同意 (必填)

※ Medical staff can inquiry my medication records via the Bureau of National Health Insurance. Yes No

此致 TO

臺北醫學大學·部立雙和醫院 Taipei Medical University · Shuang Ho Hospital

立同意書人簽名 Signature : _____ 關係 Relationship : 病人之 Patient's _____

本人了解且同意在本表格中所填寫及就診相關資料，貴院可將其作為臺北醫學大學體系內部管理、醫療參考、聯絡、整體資料分析統計、學術及研究之用；且了解貴院依據醫療法與尊重病人隱私，對所有就診相關資料之內容負有保密之責，並對病人病歷善盡保管與保密之義務；任何個人資料，均不會轉讓、租借、出售給其它團體或個人；上列個人資料日後如有變更或錯誤，請向批掛人員提出更正或修改，以利資料正確。_____ (填寫人簽名)

I understand and agree all Information given in this form will only be used for TMUH internal management, medical reference, contact, data analysis, statistic, academic and research purposes.

I also understand base on the Law of Medical Care and the respect of patient's privacy, TMUH has the responsibility to keep all my medical information confidential and won't be released to organizations or any individual.

All personal information will not be transferred, rented, or sold to organizations or and any individual.

If there is any change or correction needed to your personal information in the future, please notify our staff in registration counter to make sure all information are correct. _____(signature).

97.07.08 病歷管理委員會審查通過

粘貼線

病人權利與合作義務

病人與醫療團隊充份合作是疾病治療成功的重要因素之一，醫病雙方瞭解病人的權利與合作義務，有助於良好的醫病溝通，增進雙方之合作與互信。期待所有病人能與醫院攜手打造健康和諧的醫療環境。

病人的權利

- 一、有權接受治療，不因國籍、性別、年齡、性向或社經地位等而受到歧視。
- 二、有權在安全及隱私的醫療環境接受診療照護。
- 三、有權參與診療照護過程之諮商與討論，並決定治療方式。(包括拒絕治療)。
- 四、有權詢問並得知關於病情之診斷、檢查檢驗結果、治療方針及預後情形。
- 五、有權決定是否在病危時施行心肺復甦術。
- 六、有表達減輕疼痛的權利。
- 七、有權要求醫護人員提供疾病照護、用藥、飲食或生活等之衛教資訊。
- 八、病情資料與紀錄均由本院妥善保管並保密。
- 九、有權申請自己的病歷複製本、診斷證明書與醫療費用明細表。
- 十、若對本院有任何抱怨或建議時，有權向醫院提出申訴並得回應。
- 十一、為維護您的醫療自主權，本院對所有住院病患提供「預立選擇安寧緩和醫療意願書」、「不施行心肺復甦術(Do Not Resuscitate)同意書」、「醫療委任代理人委任書」及「預立選擇安寧緩和醫療意願撤回聲明書」，使醫師對不可治癒之末期病人，得在尊重其意願之情形下，不施予積極性之治療或急救，僅提供減輕或免除其痛苦之緩解性、支持性醫療照護措施。
- 十二、為使有限的生命可化為無限的大愛，本院配合國家衛生政策對所有住院病患提供「器官捐贈同意書」，作為決定器官捐贈之依循，並可讓家屬充分瞭解病人之意願。
- 十三、本院為教學醫院，為促進醫學教育，培養優秀之醫療人員，懇請您惠予配合相關之教學活動，您也有機會參與經本院倫理審查通過之臨床研究。您有權利選擇參與或拒絕相關活動。您的決定，並不會影響到本院醫事人員對您的照護態度及所提供之醫療服務品質。

病人的合作義務

- 一、為確保安全，請病人和其家屬主動、正確告知醫護人員自身的健康狀況、過去病史、藥物過敏史、旅遊史、目前是否罹患傳染性疾病等資訊。
 - 二、請病人和其家屬積極參與決定治療方針，並協調共同的意見、在決定簽署同意書、契約書或接受治療與否之前，請充份了解其內容以及各種治療方法可能造成之結果。對於各項醫療處置若有疑問請向負責照護之醫護人員提出。
 - 三、請病人和其家屬配合醫師之醫囑進行治療、辦理加護病房轉出、出院或轉院，珍惜醫療資源，妥善利用醫院之各項設施。
 - 四、請配合醫院之就醫規定或作業流程，勿要求醫師人員提供不實的資料或診斷證明，遵守醫院門禁、感染管制措施，不得在院內吸菸及嚼食檳榔等，避免影響整體病人照護或他人權益。
 - 五、請支付屬於自行負擔的醫療費用，若有困難，請洽本院社工部門或負責照護之醫護人員。
- 對於本院之病人權利與合作義務有任何疑問或建議，歡迎向本院人員反應，本院將竭誠為您處理。

Patient's rights and obligations

The full cooperation between patients and healthcare teams is one of the key factors to successful treatment. Understanding patients' rights and responsibilities to cooperate by both healthcare providers and patients will facilitate good communications, and increase cooperation and trust. We look forward to working with all patients hand in hand to create healthy and harmonious healthcare environment.

Patient's Rights

1. The right to medical treatment and the right to not be discriminated against because of nationality, gender, age, sexual orientation, or socioeconomic status.
2. The right to the clinic care under the medical environment of security and privacy.
3. The right to participate in counseling and discussion in the clinic care process, and the right to decide treatment modalities, including the choice of other treatment, or refuse treatment.
4. The right to ask and to know about the diagnosis of the condition, checkup and test results, treatment guidelines, and the situation after healing.
5. The right to decide whether to conduct CPR when in critical condition.
6. The right to express pain relief.
7. The right to require medical staff to provide disease care, medication, diet or living, and other health education information.
8. The condition data and records should be kept safe and confidential by the hospital.
9. The right to apply for your own medical record copies, diagnosis certificate, and the medical fee schedule.
10. The right to appeal to the hospital and receive the response for complaints or suggestions to the hospital.
11. In order to maintain your medical autonomy, the hospital provides for all inpatients "Pre-established letter of willingness to choose hospice and palliative medical treatment", "Do Not Resuscitate form", "Letter of appointment of the medical agents", and "Declaration of withdrawal of pre-established letter of willingness to choose hospice and palliative medical treatment". Out of respect for of terminally ill patients' wishes to not apply a positive treatment or first aid, physicians can only provide relieving and supportive care measures available to reduce or relieve the pain.
12. To help give the limited life boundless love, the hospital abides by the national health policy to provide to all hospitalized patients the "Organ Donation Consent" for follow-up of the decision for organ donation, and ensures family members fully understand the patient's will.
13. We are a teaching hospital. In order to promote our medical education and to train outstanding medical staff, we cordially invited you to cooperate with us in our relevant teaching studies. You can be a human subject of the clinical study through the evaluation by our ethics committee members. You have the right to refuse the relative study activities, and your decision will not affect our high quality medical care services provided.

Patients' responsibilities to cooperate

1. To ensure safety, the patients and their families are requested to take initiative to correctly inform the medical staff of patients' own health status, past medical history, history of drug allergy, travel history, whether suffering from infectious diseases, and other information.
2. Patients and their families are invited to actively participate in and determine the therapeutic approach and coordinate common views. Before making the decision to sign a consent form, contract, or acceptance of treatment, fully understand the contents and the results a variety of treatment methods may cause. If you have questions about any medical disposal, please ask the medical staff responsible for care.
3. To follow the medical advice of physicians, patients and their families must carry out the medical treatment, process the check-out of intensive care unit as discharged or transferred, properly use the hospital facilities to value the medical resources.
4. Please deal with the hospital medical treatment requirements or operating flow. Do not ask the physician to provide false information or diagnosis. Comply with hospital access control and infection control measures: no smoking and betel nut chewing in the hospital, to avoid affecting the overall patient care or others' rights.
5. Please pay medical costs. If there are difficulties, please contact the hospital social work department or the responsible medical care staff. For any doubts or suggestions about the hospital patients' rights and the obligation to cooperate, you are welcome to respond to the hospital staff, who will be happy to handle them for you.

If you have any questions or suggestions regarding patients' rights and responsibilities to cooperate in our hospital, please raise them to our staff and we will be more than happy to talk to you.