

- PRE-ASSESSMENT FORM -

The contents of this form is to help your doctor understand you better and expedite the assessment process. We understand that you may not remember all the details asked in this form however try to fill in the information you are able to remember. Please fill this form prior to seeing the doctor.

这张表格是为了帮助您的医生更好、更快地了解并评估您的情况。所以，请在看医生前尽可能完整地填写。

Name 姓名: _____

NRIC 身份证号码: _____

Who should we contact in case of emergency? _____ Emergency contact number: _____

在紧急情况下，我们应该联系谁？

联络号码

Personal and social history 个人与社会背景

Please describe your family of origin (parents and siblings)

请描述你的原生家庭（父母和兄弟姐妹）

Family member 家人	Age 年龄	Occupation or School 职业/学校

Marital Status 婚姻状况:

1. Single (never married and not in current relationship) / 单身
2. In relationship (boyfriend/girlfriend/engaged) / 关系中- 男友/女友/订婚
3. Married (or de facto) / 已婚
4. Divorced or Separated 离婚/ 分居
5. Widowed / 丧偶

Current family structure (spouse/ex-spouse, children etc.) (do not include parents and siblings here):

现行家庭结构（配偶/前配偶、子女等）（不包括父母和兄弟姐妹）：

Family member 家人	Age 年龄	Occupation or School 职业/学校

Living Arrangement (who do you live with?):

住宿安排 (您和谁住在一起?) :

Accommodation Type 住房类型:

1. HDB ____ room / ____房式 政府组屋
2. Executive Apartment / HUDC Apartment /行政公寓
3. Private Apartment / Condominium /私人公寓
4. Landed Property /土地房屋
5. Other 其他: _____

Occupational history 职业史

What is your current occupation?

您现在的职业是?

Education history 学历

Highest education level

最高教育水平:

1. Primary 小学
2. Secondary 中学
3. Junior college 初级学院
4. Diploma (polytechnic/other diplomas) or other Professional qualification
高级学院/ 理工学院 /专业文凭
5. University 大学
6. Post-graduate (Master's/PhD) 硕士/ 博士

Developmental history 成长史

Have you experienced any significant/severe abuse or bullying when growing up? (Yes/No)

成长过程中, 您是否遭受过严重的虐待或欺凌? (是/否)

If Yes, please describe: _____

如果是, 请描述:

Habits 相关习惯

Do you consume alcohol? (Yes/No) If Yes how much in a week? _____

您 (是/否) 喝酒? 如果是, 一个星期多少?

Do you smoke? (Yes/No) If Yes how many sticks/day _____

您 (是/否) 抽烟? 如果是, 一天多少支?

Do you use any recreational drugs? (Yes/No) If Yes please specify _____
您（是/否）使用禁药或毒品？如果是，请写明

Do you gamble? (Yes/No) If Yes how frequent? _____
您（是/否）赌博？如果是，请告诉我们频率

Do you have any debts? (Yes/No)
您现在（是/否）欠债？

Forensic history 法务史

Have you ever been in trouble with the law? (Y/N)
您有曾经触犯法律吗？（是/否）

If yes, please describe: _____
如果是，请描述：

Personality 人格

How would your close family/friends describe you as a person? (outgoing or introverted, etc)
您的亲戚朋友如何形容您的性格？（比如外向或内向等）

How do you manage stress?
您如何应对压力？

What are your hobbies?
您的爱好是什么？

Religion 宗教：

- | | |
|--------------------------|---------------------------|
| <input type="checkbox"/> | 1. Christianity 基督教/天主教徒 |
| <input type="checkbox"/> | 2. Buddhism/Taoism 佛教/道教徒 |
| <input type="checkbox"/> | 3. Islam 伊斯兰教徒 |
| <input type="checkbox"/> | 4. Hinduism 兴都教徒 |
| <input type="checkbox"/> | 5. Others 其他 |
| <input type="checkbox"/> | 6. No religion 无宗教信仰 |

Psychiatric history 精神疾病史

Have you ever seen a psychiatrist in the past? (Yes/No)
您以前看过精神科医生吗？（是/否）

If Yes, for what condition(s): _____
如果是，针对什么病情：

Have you ever been prescribed psychiatric medication? (Yes/No)
您以前用过精神科药物吗？（是/否）

Have you attempted self-harm or suicide in the past? (Yes/No)
您曾经试图自残或自杀吗？（是/否）

Have you ever been hospitalized for psychiatric-related concerns? (Yes/No)
您曾经因为精神疾病住院吗？（是/否）

Family history of psychiatric illness 精神疾病 家族史

Has anyone in your family (including relatives) been diagnosed with psychiatric illness? (Yes/No)
您是否有家人（包括亲戚）被诊断患有精神病？（是/否）

If yes, which member and what condition(s): _____
如果有，与你的关系，和诊断是：

Medical history 躯体疾病 病史

Please state your medical condition(s): _____
请写出您有哪些躯体疾病：

Do you have any drug allergies? (Yes/No)
您有药物过敏吗？（是/否）

If Yes please specify: _____
如果是，请说明：