

Dr. Andrew H. Yu MD Inc.  
MD., FRCPC

#525-4789 Kingsway Burnaby, BC V5H 0A3  
Ph 604-436-1587 Fax 604-439-0004  
drandrewyupaindoc@gmail.com

**Chronic Pain Management**

(MSP, expedited WCB, ICBC and  
private consultations)

**Cortisone injections:**

Epidural Steroid Injections (Back or Neck)  
Knee or Hip or shoulder joints

Baker's cyst  
Trigger points/myofascial

Carpal Tunnel

Tennis elbow

Botox/migraine

**NOT FOR THIRD PARTY RELEASE UNLESS AUTHORIZED**

NAME(성명) \_\_\_\_\_

LAST(성)

FIRST(이름)

MIDDLE(중간 이름)

ADDRESS(주소) \_\_\_\_\_

CITY(도시) \_\_\_\_\_ PROVINCE(주) \_\_\_\_\_ POSTAL CODE(우편번호) \_\_\_\_\_

HOME(집전화) \_\_\_\_\_ BUSINESS(직장전화) \_\_\_\_\_ CELL(핸드폰) \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ AGE(연령) \_\_\_\_\_ HEIGHT(신장) \_\_\_\_\_ WEIGHT(체중) \_\_\_\_\_

(생년월일)

(일/월/년)

OCCUPATION(직업) \_\_\_\_\_ PERSONAL HEALTH NUMBER(케어카드번호) \_\_\_\_\_

REFERRING DOCTOR(의뢰한 의사) \_\_\_\_\_ FAMILY DOCTOR(가정의) \_\_\_\_\_

REASON FOR VISIT? (방문 사유) \_\_\_\_\_

PLEASE LIST ANY PREVIOUS SURGERIES/OPERATIONS. (과거 수술 및 시술 명을 적어 주시기 바랍니다.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PLEASE LIST ANY MEDICAL PROBLEMS. (본인의 병명을 적어 주시기 바랍니다. 예-당뇨병, 고혈압 등)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PLEASE LIST **ALL MEDICATIONS** YOU ARE NOW TAKING INCLUDING OVER THE COUNTER SUPPELMENTS,  
HERBAL REMEDIES and **BLOOD THINNERS** (비타민제, 비처방약물, 한약제, 및 특히 **항응고제**를 포함 현재 복용 중인

**모든 약물**을 모두 기입해 주시기 바랍니다.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ARE YOU ALLERGIC TO ANY MEDICATIONS (약물 부작용이 있습니까)? YES(예) NO(아니오)

\_\_\_\_\_

