

診察券番号： \_\_\_\_\_

## Medical questionnaire

Full name ( \_\_\_\_\_ )

Birthday ( \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ ) Age ( \_\_\_\_\_ ) Sex ( Male / Female )

Address ( \_\_\_\_\_ )

Tel ( \_\_\_\_\_ - \_\_\_\_\_ )

Height ( \_\_\_\_\_ ) cm Weight ( \_\_\_\_\_ ) kg Occupation ( \_\_\_\_\_ )

What brings you here today? 今日はどうされましたか

( \_\_\_\_\_ )  
( \_\_\_\_\_ )  
( \_\_\_\_\_ )

Please list your illnesses you have had 今まで病気にかかったことはありますか

Age	Illness	Hospital
( _____ )	( _____ )	( _____ )
( _____ )	( _____ )	( _____ )

Do you have any allergies? 薬や食べ物のアレルギーはありますか

Medication ( \_\_\_\_\_ ) Food ( \_\_\_\_\_ )  
Others ( \_\_\_\_\_ )

Are you taking any medicine? 現在服用している薬はありますか? 薬手帳提出か薬名記載お願いします

If you have a medication note, please show it at reception, or please write the name of medicine.

( \_\_\_\_\_ )

Do you smoke? タバコは吸いますか

No /  Yes → how many do you smoke a day? ( \_\_\_\_\_ )

Do you drink alcohol? お酒は飲みますか

No /  Yes ( everyday / sometimes )

For women 女性の方へ

Is your menstruation regular? 月経周期は順調ですか

No /  Yes

Date of last period 最終月経はいつですか

( \_\_\_\_\_ )

Are you pregnant? 妊娠していますか

No /  Yes Week of pregnancy ( \_\_\_\_\_ )

Breast feeding 授乳していますか

No /  Yes

Thank you for your cooperation. **Please bring this file to reception.**  
If you have referral letter, please show it at reception.