

(ID : )

DATE : \_\_\_\_\_

# Medical Form

■ Name \_\_\_\_\_

■ Date of Birth \_\_\_\_\_ ■ Age \_\_\_\_\_

■ Mobile Phone Number \_\_\_\_\_

Other Phone \_\_\_\_\_

■ E-mail \_\_\_\_\_

■ Emergency contact (name and number) \_\_\_\_\_

■ Address \_\_\_\_\_

Postcode

Resident

Tourist

Do you have a valid Japanese health insurance card? Yes / No

Height \_\_\_\_\_ cm

Weight \_\_\_\_\_ kg

## ■ Vital Signs

Blood pressure

/

mmHg

Pulse rate

beats/min

Body temperature

°C

(1) Write your chief complaint or your concern.

Do you request Kampo medication? Yes / No

## ■ Your medical history

(2) Have you suffered from any of the following or are there anything detected by health screening tests? Please check V in .

- Never  Hypertension  Diabetes  Hyperlipidemia  Arrhythmia  
 Myocardial Infarction  Angina  Asthma  Gastric Ulcer  Chronic Renal Failure  
 Stroke  Brain Hemorrhage  Dementia  Cancer

Are you currently receiving treatment for the diseases mentioned above?

- Yes  No

(3) Have you ever suffered from serious illnesses or injuries, or had operations? Please check V in .

- Never  Myocardial Infarction  Stroke  Mental Illnesses (depression etc. )  
 Cancer ( ) DATE ( ) Operation Yes / No  
 Any other serious illness ( )

(4) Are you taking any prescribed medicines, over-the-counter medicines, or supplements?

- Yes  No ※Present your medical booklet or a list of medication.

Names of the medicines ( )

(5) Does a relative have any of the following?

- Cancer  Hypertension  Diabetes  Stroke  
 Others ( )

(6) Do you have any **allergies** to medication, food, or anything else?

- No  Yes ( )

(7) In your daily life

Do you smoke? No / EX-SMOKER / Yes, I smoke ( ) cigarettes per day for ( ) years  
Do you drink alcohol? Never / Yes, I drink ( ) ml per day / week / month

(8) Female only questions

Are you pregnant? No / Yes ( ) months / Possibly

Are you breast-feeding? No / Yes

(9) How did you hear about us?

- Family  Friend  Advertisement  Internet  Neighborhood  Seminar  
 Introduced by the other medical institution  
 Others ( )

Submit this form to the receptionist after completion. If you feel it inconvenient to fill out this form, you do not have to complete it, as you will be asked face to face in the consulting room. Thank you for your cooperation.