

Besides regular medical charge covered by Japanese Health Insurance, there is extra charge for those who want English consultaion, that is not covered by Japanese Health Insurance.

Questionnaire (First Visit)

Chart No. : _____ Month/Day/Year _____ Age _____
Name (print) _____ M/F _____ Date of Birth _____ ()

Address 〒(postal code) _____

Cell phone () _____
Email address _____ @ _____ Profession _____

1. How are you feeling today?

① What brought you here today?

② When did it start?

③ Is this your first time?

()Yes ()No

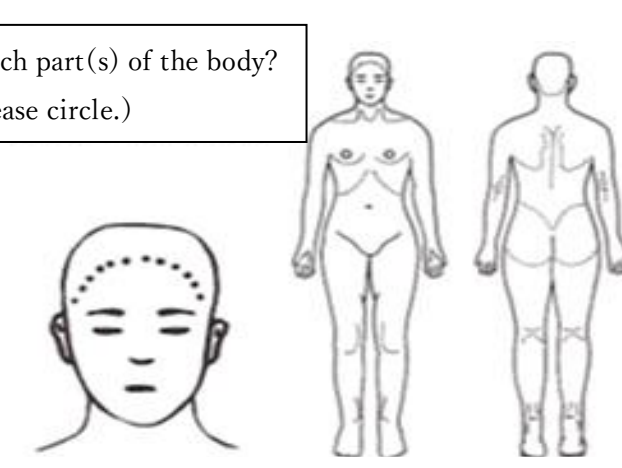
④ How have you been dealing with the situation?

()Done nothing

()Used OTC medicine

()Been seeing other clinic(s)/hospital(s)

Which part(s) of the body?
(Please circle.)



2. Have you ever experienced / Are you experiencing any of these serious diseases?

()None

()Diabetes ()Heart disease ()Kidney disease ()Liver disease ()Hypertension

()Gastric ulcer ()Glaucoma ()Prostatic hypertrophy

Other()

3. Are you taking any medication?

()No

()Yes →Name(s) of the drug(s) ()

4. Have you ever experienced allergic reaction to medication, injection, or other medical treatment?

()No

()Yes→To what medication?()

5. For female only question

Is there any possibilities that you are pregnant?

()No ()Yes Or ()Pregnant in the _____ months ()Currently breast feeding

6. How many people are living with you? (_____ person(s) except you)

7. Is there anything else you would like to address today?

How did you find out our clinic?

Website Outside signboard Review on the website

Referred by(FamilyFriendOther clinic/hospital _____)

On the way to somewhere else Flyer / Pamphlet Other(_____)