

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) We take up to 2 complaints per 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?

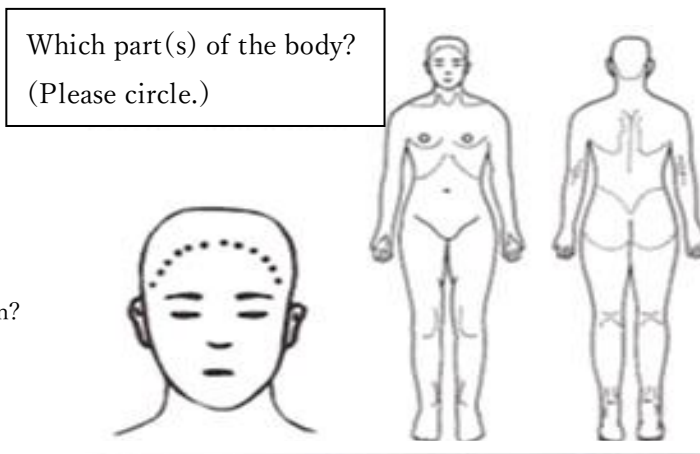
( )Yes ( )No

④ How have you been dealing with the situation?

( )Done nothing

( )Used OTC medicine

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



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