

Questionnaire (for revisit)

※Please turn in this form to the doctor.

We take up to 2 requests per visit with Japanese National Health Insurance.

Name (Print) _____

Chart No. : _____

● Previous skin problems of the recent visit

● New skin problems / skin problems from a while ago

Are they getting better? (Circle one)

When did they start? _____

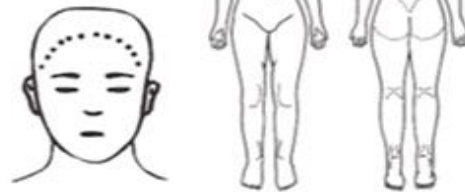
Better

No change

Worse

Some better, some worse

Which body part?



What are the symptoms? (Itchiness, pain, eczema, etc.) _____

● Do you have any questions?

● Regarding the prescribed medicine at the last visit:

• How much are they left? (Topical / oral)

• How much more do they need to be prescribed today? (Topical / oral)

● Would like to purchase any? Circle and specify the number you need.

Shampoo

Rinse

Foam soap

Sun screen

Other(

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