

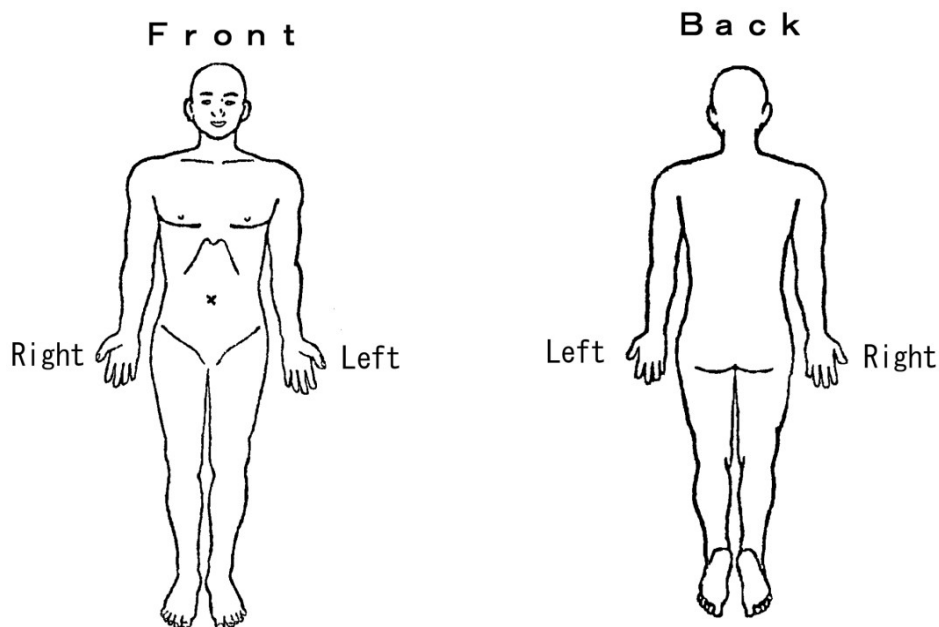
For more accurate diagnosis, please fill out the following.

Name (フリガナ)	Family name, First name, Middle initial			Nationality 国籍		
患者氏名	殿					
Birth Date 生年月日	/D	/M	/Y	Age	Sex 性別	M F 男 女
Address 住所	〒					
TEL 自宅電話	—			—	Occupation 職業	
Mobile phone 携帯電話	—			—		

Do you have a referred document or letter? Yes or No

Do you agree to inform us your medical information from mynumber card? Yes or No

1. Mark the location of your skin lesions.



2. What seems to be the trouble?

- 1) itchy      2) painful      3) swelling      4) blister
- 5) pimple or boil      6) rash ( red,brown,black,blue,white,yellow,other )
- 7) wart      8) hair loss      9)scale
- 10) other

( )

Our hospital strives to provide high-quality medical care by acquiring and utilizing your medical information. In order to obtain and utilize accurate information, we ask for your cooperation by using My-number Card.

◆Based on the government guided-medical information system.

- 1. When not using My-number Card, you need to pay additional 10 yen.
- 2. When using My-number Card, will be exempt from the additional cost 10yen.

To be continued.

3.→When did this trouble start ? What do you think caused it ?  
Year      Month      Day      from what age (      )      (      )  
Have you ever had same disorder ?      Yes      or      No

4.→Have you ever consulted any doctor before coming here ?  
1) Yes      Year      Month      Day      2)→ No  
Name of the hospital or doctor (      )  
Diagnosis (      )

5.→What illness have you ever had ? At about what age?  
Including surgery and / or internal disorders.  
1)      age      4)      age  
2)      age      5)      age  
3)      age      6)      age

6.→Do you visit other medical institutions recently?  
Name of the hospital or doctor (      )  
Diagnosis (      )

7.→Have you ever had a health examination in the past years?  
(Consultation period      Details for consultation      )

8.→Have any other members of your family had the same illness ?  
(      )

9.→Have you ever been allergic to Food ? Drug? Any other materials?  
(      )

10.→Are you taking any anti-coagulant medication at present ?  
No      or      Yes (drug      )

11.→For women  
Are you pregnant? Also, are you breastfeeding?  
No      or      Yes ( what month      ) • breastfeeding

12.→How to know the information about our clinic.  
1) Referred from other institutes      4) Newspaper, TV, Magazine  
2) Friend or relatives      5) Others(      )  
3) Websites (Internet)