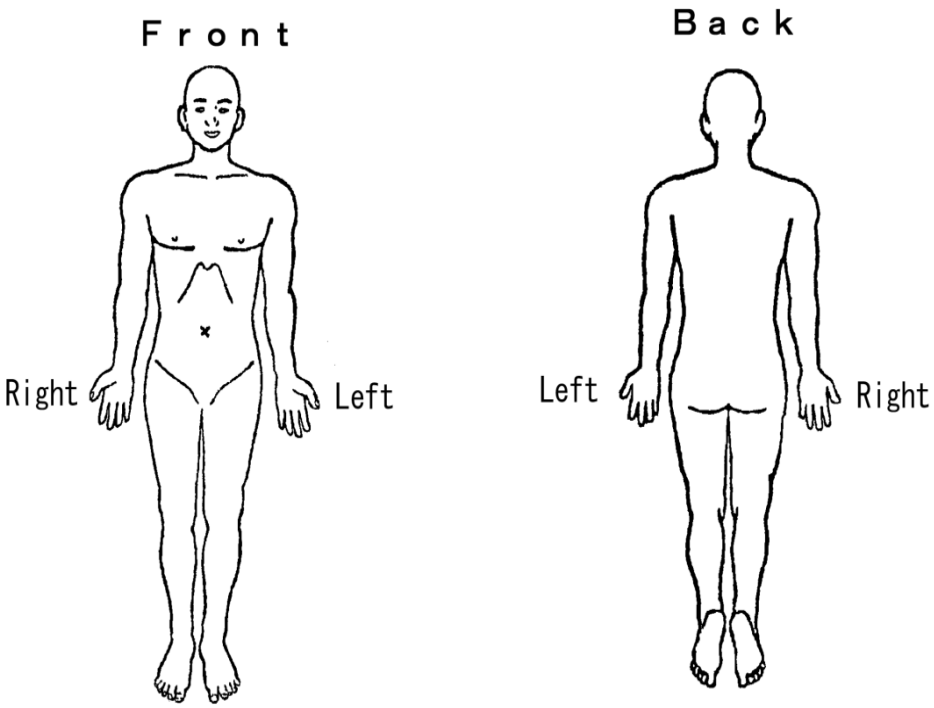
For more accurate diagnosis, please fill out the following.

	Family name First name	Nationality
Pronunciation in Kana		
Name		
Date of Birth	DD / MM / YY / Age	Sex M F
Address	〒	
TEL	— —	Occupation
Mobile phone	— —	

Height cm Body Weight kg

Do you have a referral document or letter ? 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
( )

To be continued.

3. When did this trouble start ? (Year Month Day Age of onset)

What do you think caused it ?

( )

Have you ever had the same trouble before? Yes or No

4. Have you ever consulted any doctor before coming here ?

If Yes, Year Month Day 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. Did you visit any other medical institutions recently?

Name of the hospital or doctor ( )

Diagnosis ( )

7. Have any other members of your family had the same illness ?

( )

8. Have you ever been allergic to food, drugs, or any other materials?

( )

9. Are you taking any anti-coagulant medication at present ?

If yes, type of drug:)

10. Are you pregnant?

If yes, months pregnant:

Are you breastfeeding? Yes or No

11. How did you know about our clinic ?

1) Referred from other institutes 4) Newspaper, TV, Magazine

2) Friend or relatives 5) Others( )

3) Websites (Internet)

Thank you