

Interview Sheet

カルテ ID _____

Fill-in Date (Y/M/D) _____ / _____ / _____

This is an interview sheet for the patients. Please fill in the following form.

If you have a medicine record/note, please present it to the reception.

NAME	Male • Female
Birthdate (Y/M/D) / /	(Age Years Old)
Address (or Hotel in Japan)	
Tel. No. Home ()	—
Mobile ()	—
Height cm / Weight	kg

1. What kinds of symptom do you have today? (Reason for your visit)

2. When has your symptom started? (Please write in concrete terms.)

3. Do you have any diseases under medical treatment at this moment?

YES () **NO**

4. Are you taking any medication at this moment?

(If you have a medicine notebook, please submit it.)

YES () **NO**

5. Have you ever been affected by any major diseases or given surgery?

YES () **NO**

6. Have you ever had allergies from medicines or foods?

YES () **NO**

Thank you for your cooperation!