

# Interview Form

\* If you have a referral letter, MRI or other test data, please submit it to the reception.

紹介状・MRI等は受付へ。

◎ When did your symptoms first appear?

いつから症状があるか

From

◎ What type of symptoms do you have?

Mark on right picture with below sign.

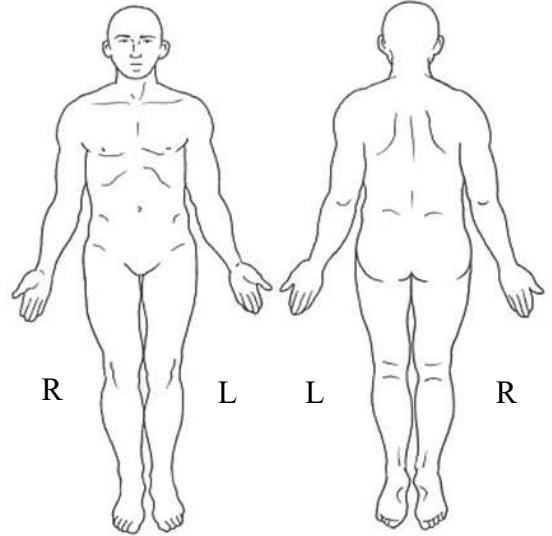
どこが良くないのですか？右図に以下のしるしをつけてください

<b>Pain</b>	Enclose in a circle	痛み：○
<b>Numbness</b>	Put on × sign	痺れ：×
<b>Other</b>	Put on △ sign	他：△

If you put △ sign → Describe about the symptom.

△：どのような症状？ (Swelling・Deformation..)

( )

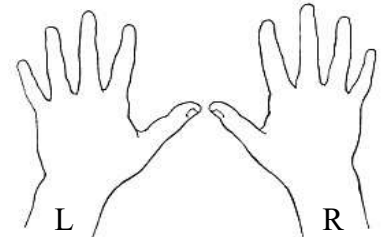


◎ Do you have any idea why your symptoms occurred?

Yes (Describe below)

症状に心当たり

( )

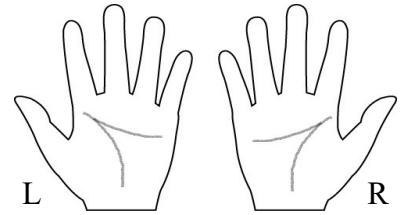


No

◎ Have you ever received any treatment for your symptoms? 治療歴

Yes

- At a hospital     At a clinic     At a chiropractic clinic  
 Oral medications     Heating pads     Injections  
 Surgery     Massage     Other



No

◎ Are you currently being treated for any diseases?

現在治療中の病気

No いいえ

Yes はい

- Hypertension 高血圧     Heart disease 心臓病     Diabetes 糖尿病  
 Asthma 喘息     Other その他 ( )



◎ Have you ever had a surgery?

手術歴

No いいえ

Yes はい ( )

◎ Are you currently on medication? (Please show us the medication list if you have.)

服用中の薬

No

Yes (  I have medication list 薬手帳あり )

( )

◎ Have you ever been diagnosed Aspirin-induced Asthema?

アスピリン喘息と言われたことは?

No  Yes

◎ Do you have any allergies?

アレルギーはありますか?

No いいえ

Yes はい →  Medication (薬)  Food (食べ物)  Metal (金属)  Other (その他)

◎ Questions for women: Are you pregnant or is there a possibility of pregnancy?

妊娠可能性

No いいえ  Yes はい

◎ Have you returned from abroad (countries except Japan) within 10 days? 10日以内の海外から帰国

No いいえ

Yes はい → Country name 国名 ( )

◎ Have you been vaccinated for COVID-19?

新型コロナワクチンを接種していますか?

Vaccinated ( ) time(s) 接種済み 回  Unvaccinated 未接種

◎ Is Your Long-term Care Insurance got certified as Support Care or Nursing Care? 要支援や要介護

No

Yes →  Support Care (You-Shien) 1 2 要支援  Nursing Care (You-Kaigo) 1 2 3 4 5 要介護

Please understand and agree with below contents.

- In order to prevent medical accidents, such as the prevention of patient mistakes, our hospital call the patients by name. If you have problems calling by name, please inform us in advance.
- In our institution, we need to make a photocopy of your health insurance card, residence card or passport.
- If any medical issues occur at this hospital, all issues are handled and resolved according to the Japanese law and Japanese judicial systems inside Japan.
- If your family or friend will interpret at this hospital, it might occur medical accident due to mistranslate. We do not take responsibility for accident due to mistranslate by your family or friend. Our hospital may use telephone interpretation or machine translation services in the course of medical treatment.

### Patient Registration Form ID

Name 名前			Name written in Hiragana ひらがなで書いた名前	
Sex 性別	<input type="checkbox"/> Male 男性	<input type="checkbox"/> Female 女性	Birth date(YYYY/MM/DD) 生年月日	
Address or accommodation in Japan 住所又は日本での滞在先 〒			Return date 帰国日	
Phone No. (Home) 自宅電話番号		Phone No. (Mobile) 携帯電話番号		
Nationality 国籍		Native language 母国語	Other language その他の言語	
Purpose of Visit to Japan 来日の目的				
<input type="checkbox"/> Vacation 旅行 <input type="checkbox"/> Business 仕事 <input type="checkbox"/> Medical care 治療 <input type="checkbox"/> Other その他				
Emergency contact details 緊急連絡先				
Emergency Phone 緊急連絡先電話		Name 名前		Relationship 関係