

# Medical Questionnaire

Last Name		First name			
DOB Year:	Month:	Day:	Age	Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address in Japan 〒					
Phone No.			Cell Phone No.		
Occupation			HT	cm	BW Kg BT °C
Nationality			Language		

- 1) What seems to be the problem or purpose of your visit today?  
 ( short of breath, cough, chest pain, leg edema/bulging veins, medical exams, etc.)  
 ( \_\_\_\_\_ )
- 2) Do you have any illnesses noticed by health check or currently under treatment in other hospitals or clinics?  
 hypertension      diabetes      hyperlipidemia      heart disease      arrhythmia  
 liver disease      kidney disease      asthma      stroke      cancer ( \_\_\_\_\_ )  
 others ( \_\_\_\_\_ )
- 3) Have you ever had any illnesses or major injuries or undergone operations before?  
 No      Yes ( \_\_\_\_\_ )
- 4) Are you currently taking any prescribed or over-the-counter medicines?  
 No      Yes ( \_\_\_\_\_ )
- 5) Please select any illnesses your immediate family members currently have or have had in the past.  
 hypertension      diabetes      heart disease      asthma      stroke      cancer  
 others( \_\_\_\_\_ )
- 6) Have you ever been allergic to anything (food, medicine, others)?  
 No      Yes( \_\_\_\_\_ )
- 7) Do you smoke?  
 No      smoked before but stopped      Yes( \_\_\_\_\_ pieces /day)( \_\_\_\_\_ )years
- 8) Do you drink alcohol?  
 No      Yes( almost every day      a couple of days a week      once a week  
 twice a month      less than once a month)
- 9) Questions for women  
 Are you pregnant?  
 No      Yes ( \_\_\_\_\_ month)      Possible  
 Are you currently breastfeeding?  
 No      Yes
- \*Questions for foreign residents  
 Are you covered by health insurance?  
 No      Yes
- \*Questions for new patients  
 How did you know our clinic?  
 on your way      from your family or friends      flyers or ads      homepage  
 referred from other clinics or hospitals ( \_\_\_\_\_ )  
 others( \_\_\_\_\_ )

After you filled this form, please return it to the reception desk.  
 All information given here is strictly confidential.