

NAME:

ADDRESS:

TELEPHONE NUMBER:

AGE:

Nationality:

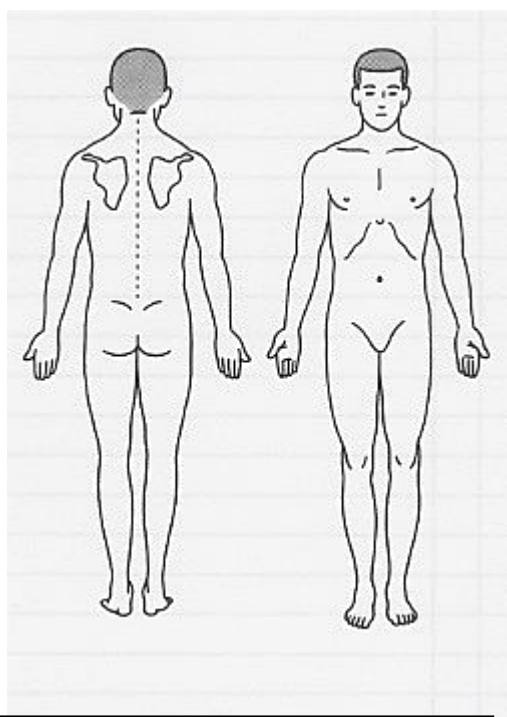
• What is wrong with you?

© This page is a medical interview sheet.

Please download this page and fill out a questionnaire.

When you have this sheet, for the first medical examination 1,500yen will be no charge.

• Circle on the picture below.



Check the box.

fever(°C)

cough 咳

rash 発疹

swelling むくみ

abdominal pain 腹痛

abdomen feels swollen 腹張り

vomiting 嘔吐

bloody stool 血便

headache 頭痛

palpitation 動悸

dizziness めまい

stomachache 胃痛

numbness しびれ

lump しこり

nausea 吐き気

feel heavy だるい

sore throat 咽喉痛

chest pain 胸痛

shortness of breath 息切れ

high blood pressure 高血圧

weight loss 体重減少

lose appetite 食欲不振

diarrhea 下痢

tire easily 疲れやすい

sleep not well 熟睡しない

excessive thirst 口渇

- How long have you had problems?

Question for women

- Are your periods regular?
 - No
 - Yes
- Do you suffer from any pain during your period?
 - No
 - Yes
- Are you pregnant or do you have a possibility of pregnancy?
 - No
 - Yes

- Are you presently taking medication?
 - No
 - Yes . . . What kind of medicine it is?

- What illness have you had in your past?

<input type="checkbox"/> stomach and intestinal disorder 胃腸病	<input type="checkbox"/> liver disease 肝臓病
<input type="checkbox"/> heart disease 心臓病	<input type="checkbox"/> tubercuiosis 結核
<input type="checkbox"/> diabete 糖尿病	<input type="checkbox"/> high blood pressure 高血圧
<input type="checkbox"/> kidney disease 腎臓病	<input type="checkbox"/> AIDS
<input type="checkbox"/> asthma 喘息	<input type="checkbox"/> Others
<input type="checkbox"/> thyroid problem 甲状腺の病気	<input type="checkbox"/>
	<input type="checkbox"/>

- Has this disease been cured?

- Which needles do you choice? ([If you don't understand . . .](#) ☺)

- Use disporable needles only
- Use own needles

- Can you speak Japanese?

- NO
- YES . . . little bit
- pera pera level