

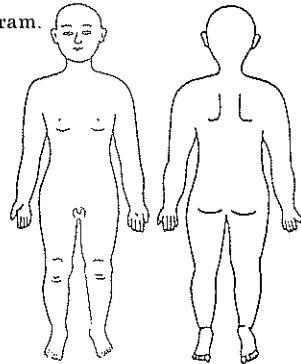
Registration Form

Katakana _____ Nationality _____

Name: _____ M · F Birthday _____

Address: _____ TEL _____

1. What brought you here today? Please mark the areas of concern on the diagram.
Please write about your specific symptoms.



2. When did your symptoms start?

3. Have you ever been treated for those symptoms before?

Yes (at _____ hospital · medication taken _____)

No

4. Have you ever had skin problems?

Yes (eczema · hand eczema · acne · athlete's foot · warts · molluscum contagiosum · rashes ·
atopic dermatitis · hives · other)

No

5. a. Do you have any allergies?

Yes (asthma · hay fever · nasal inflammation · metal allergy · other)

No

- b. Is there anyone who has atopic dermatitis or asthma problems in your family?

Yes No

- c. Have you ever had problems when you have had an injection or taken any medications?

Yes No

- d. If "Yes", please write the name of the medications. (_____)

6. Have you ever had any serious diseases or major surgery before?

Yes Please circle which department treated your illness?

(internal medicine · pediatrics · gynecology · surgery · orthopedics · other)

If possible, please write the name of the illness. (_____)

No

7. For ladies only. Are you pregnant or being breast feeding?

Yes (_____ months) No

8. For children under 12 years only. How much do you weigh? _____ kg

9. What do you use when you take a bath?

hand · gauze · cotton towel · bath sponge · linen · nylon towel · body brush · bar soap · baby soap ·

bath gel · other(_____)

Thank you

MURAYAMA DERMATOLOGY CLINIC