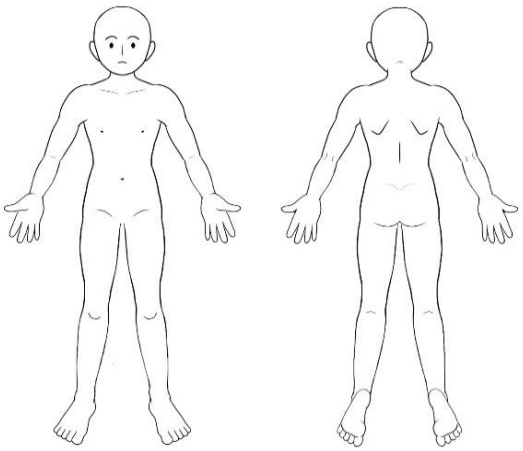
Medical Questionnaire 問診票 （受診日: 年 月 日）

Please check the appropriate boxes. （当てはまるものにチェックしてください）

Name:	M・F	Date of birth: Year month day: Years old
Adress		TEL:
Nationality : Language:		Height and weight: cm kg

1 Where are your symptoms located ?

Please circle the affected areas on the diagram.



2 What symptoms do you have ?

☐ Itchiness ☐ Eczema ☐ Rash
☐ Hives ☐ Dry skin ☐ Atopic dermatitis
☐ Spots ☐ Mole ☐ Birthmark,bruise
☐ Pimples ☐ Boil（できもの） ☐ Burn
☐ Insect bite ☐ Wart ☐ Sweat abnomality
☐ Athlet's foot ☐ Pain
☐ Other(s) ( )
☐ I was advised by another clinic/hospital (or at a regular check-up) t to come here.

3 When did your symptom start?

Year/年 Month/月 Day/日 From about ： /ごろから

4 Have you ever seen a doctor before for your current skin problem(s)?

☐ No Yes: (diagnosed as)

5 a.Do you have any allergic diseases ?

☐ No
☐ Yes (atopic dermatitis・asthma・hay fever・allergic rhynitis・other)

b.Is there anyone who has allergic diseases written above in your family?

☐ No ☐ Yes

c.Have you ever had an allergic reaction to any tipe of medicine ,food,metal or other chemical subustances?

☐ No ☐ Yes(to)

6 Have you ever had any surgery before?

☐ No ☐ Yes

7 Are you, or have you been under the care of a doctor in the past?

☐Noneなし
☐Diabetes 糖尿病 ☐Hypertension高血圧 ☐Liver disease肝臓疾患
☐Kidney disease腎臓疾患 ☐Heart disease心疾患 ☐Blood disease 血液の病気
☐Cancer癌 ☐Glaucoma緑内障 ☐Prostatic hypertrophy前立腺肥大
☐Gout痛風 ☐Hyperlipidemia高脂血症
☐Thyroid gland disease甲状腺の病気 ☐Autoimmune disease自己免疫疾患
☐Brain /neurological disease脳・神経系の病気 ☐Gastrointestinal disease胃腸の病気
☐Respiratory diseases呼吸器疾患 ☐Otherその他（ ）

7 Are you currently on any medication? /現在、飲んでいる薬はありますか？

☐ No/いいえ ☐ Yes/はい *If you answer "YES", show us your medication or a medicine pocketbook.
/お薬、もしくは「お薬手帳」を持っている方は、見せてください。

8 Are you currently taking any medications or using any over-the -counter medicines?

☐ Yes (name of the mdicine:)
☐ No

9 Is there a possibility that you are pregnant?

☐ Yes (___ months pregnant) ☐ No

10 Are you breastfeeding?

☐ Yes ☐No

11 Please tell us how you came to know our clinic. (multiple answers are available)

☐ homepage ☐close to your home or your working place
☐ Other( )

Our clinic strives to provide high-quality medical care by obtaining and utilizing medical information.
In order to obtain and use accurate information,we ask for your cooperation in using "Individual Number Cards" .