



# TOKYO BUSINESSPERSON'S CLINIC

Date:     /     /     /

ID : \_\_\_\_\_

## Questionnaire

Please fill out this form before today's consultation. Thank you.

Please tick as appropriate

<b>Name</b>	Surname	First and middle name)	<b>SEX</b>
			<input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Personal Details</b>	Date of birth :           Year       month       day (       age) Are you married? <input type="checkbox"/> Yes <input type="checkbox"/> No Height :                c m   Weight:                k g		
<b>Passport No.</b>	No. _____ Date of issue:        Year       month       day		
<b>Place and Country of birth</b>	Country: Place:		
<b>Nationality</b>			
<b>Language</b>			
<b>Payment</b>	We can accept cash only. 1. Do you hold a national health insurance card for japan ? <input type="checkbox"/> Yes <input type="checkbox"/> No 2. Do you intend to pay the fees yourself ? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Occupation</b>	<input type="checkbox"/> Administer a corporation <input type="checkbox"/> Managerial posts <input type="checkbox"/> Clerical work <input type="checkbox"/> Operating system <input type="checkbox"/> Engineering work <input type="checkbox"/> Other (                                )		
<b>Accommodation</b> (Address in Japan)	TEL: _____		
<b>Date of arrival in Japan</b>	Year       month       day		
<b>Date of departure in Japan</b>	Year       month       day How long do you intend to stay in japan? Or How long have you been staying in japan?		

■ **Vaccinations required:**  Yes  No

If 'Yes' please indicate as appropriate.  Influenza  Hepatitis A  Hepatitis B  Diphtheria  Other )

■ **Please tell us about symptoms.**

1. **What is wrong with you?**

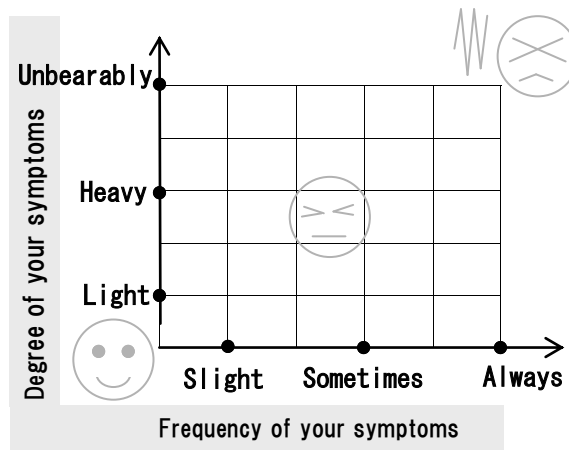
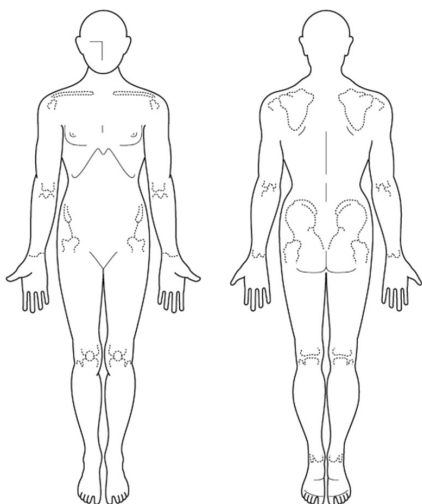
- acute symptoms  pain  discomfort  other ( )  
 fever (My temperature today is .... )  nausea  diarrhea  dizziness

2. **When did you symptoms start?**

- Today  Yesterday  2-3 days ago  A week ago  A month ago  More than a month ago

Circle the location of your symptoms on the picture below.

Indicate with a cross on the map below your level of pain and/or discomfort.



■ **Please tell us about your general health and lifestyle.**

1. Have you had physical examination recently?  Yes  No



2. Do you have any allergies?  Yes  No

If 'Yes' please indicate as appropriate.  Food  Medicine  Other( )

3. Other health factors– please indicate:

① Alcohol (e.g.) 2 glasses of Beer a day.



Do you smoke?  Yes  No

If 'Yes' please indicate how many cigarettes you smoke per day?



Question for women.

Are you pregnant or is there any possibility that you might be pregnant?  Yes  No



■ **The medical examination method.**

1) I prefer my medical **examination** explanation (tick as appropriate)

- In details  giving brief details  no explanation required

2) My medical **treatment** explanation ( in the case of two or more ) (tick as appropriate )

- ① I will decide on choice of treatment  I will rely on my doctor's advice for treatment  no treatment required

■ **How did you find out about the Tokyo Businessperson'd Clinic ?**

- Inside this medical mall  Pamphlet  Internet  Signboard  Medical magazine

⑥ Introduction from a hotel (Hotel name: )

⑦ Introduction from acquaintance  Other ( )

*Thank you for your cooperation.*