

Questionnaire

この問診表を外来受付 **A B C D** に提出して下さい。

Day Month Years Your name

1. Please write the reason for a visit to the hospital

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2. Since when do you have that symptom ?

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3. Is it hospital or clinic to another hospital now ?

Clinic or hospital name and people visiting a for treatment, please Write the name of a disease

Clinic or hospital name	Disease name

No hospital

4. Do you drink the medicine currently ?

Yes

No

5. Do you have experience of drug allergies ?

Yes

No

6. Please write about the surgery and injury and illness in the past

when will	Disease name

Nothing in particular

7. Please answer about the drinking habits

What	How much

Not drink

8. Please answer about the habit of tobacco

What this one day cigarette	HE years

Do not smoke