

Medical application form

year month day

* Patient information

1 Have you ever had a medical examination at our hospital?

• Yes (Year Month) • No

2 What department do you want to see this time?

• Internal Medicine • Department of Neurology (only reservation) • Department of Rehabilitation

• Orthopaedic Surgery (only reservation) • Rheumatoid Arthritis (only reservation) • Urology

• Sports (Orthopaedic • Internal Medicine) • Pediatrics (Orthopaedic • Child sleep) • Radiology

3 Do you have a referral letter ?

* If you do not have a letter of referral, you may be required to pay an additional fee (2,600 yen) in addition to the medical examination fee.

• Yes (Medical institution name :) • No

4 Do you have a CD-R from another hospital today?

• Yes (• Required return • No need to return) • No

5 Do you have a medicine notebook today?

• Yes • No

6 I will ask about you.

① Are the patients themselves coming today? • Yes • No

② Are the patients currently admitted to another hospital?

• No • Yes (Medical institution name :)

7 I would like to ask you about the reason for your Contents of consultation today.

• Due to a traffic accident • Due to an industrial accident • Neither

Name of patient (患者氏名)		<input type="checkbox"/> Male/男 <input type="checkbox"/> Female/女	Date of birth (生年月日)	year month day (years old) (年齢)
Address (住所)				
Phone No. (電話)	Home (自宅)	Mobile (携帯)		
E-mail				
Emergency contact (緊急時連絡先)	Name (氏名)	Relationship (患者との関係)		
	Phone number (電話)			

* Hospital entry field

I D 番号	
備考	

* Personal information on this medical application form will not be used for any purpose other than medical examination.