

Clinic ID _____ Web Jihi Referred _____ Month _____ Date _____ 20

Please fill out and make circles following information to help us to know your condition

Last Name

First Name

Name _____, _____ Gender : Male or Female _____

カタカナ _____

Date of Birth Month _____ Date _____ year _____ Age _____ (S:昭和 H:平成 R: 年)

Address 〒 _____ How long have you been in Japan? _____ years

Where are you from? _____ Country _____ City _____

Phone number () _____

Health Insurance : Japanese , Others or None _____ What kind of it? _____

How did you know us?

- 1 Someone told you about us *** If you are referred, please show **the referral letter.**
- 2 Through our Home page in Web site. **What words** did you enter for search? Hemorrhoids
proctology or _____, Tokyo _____
- 3 Passed our clinic and found us.
- 4 Advertize near Subway ST 5 Advertize in the pole in the street

Did you have any **allergic reaction**? To **what**? _____

What brought you here? _____

Do you have **any medical problem**? What is it? _____ Infectious disease? _____

Any medication you take? What are those? _____

Any serious illness before? _____

Any surgery you had before? What surgery _____

When _____ What hospital _____ Where _____

For those who have anus problem

- | | | | |
|---|--|-----|----|
| 1 | Do you feel pain as bowel movement? | Yes | No |
| 2 | Any blood as bowel movement? | Yes | No |
| 3 | Something(hemorrhoids) coming out as bowel movement? | Yes | No |
| | If so, do you usually push it back by your fingers or tissue? | Yes | No |
| 4 | Often have diarrhea or constipation ? How often? | | |