*ID* ***Web*** Jihi Referred *Month Date 202*

***I prefer to speaking*** *English, Japanese.* ***紹介***

\*\*\* Please show the referral letter**,　if you have** *. (Eng only) Jp: 少~ Ok ~完*

 **Health Insurance**: Japanese National, Private, None

 ***Residence statement; short term. residence Please fill out and make circles***

　　 Family　Name First (Sir) Name 男性　　　　　　女性

Name 　 　,　 　　　　　　　　　 Gender : Male or Female

How do we type your family name( eg Linリン)　　　　　　　　　　　　 ＤＹＮＡ　ＯＫ

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

Address 〒 　　 　　　　　　　 I ‘ve been in Jap **years**

Country you from? City if small, East, West, North, South

Phone number in Japan we can reach you 　 (　 ) e mail 　　@　gmail.com

Where do you work: **Minatoku, 　　　　　　　　　　　　　　　　　　　　　　＠**

 **How did you know us?** **What words** did you enter for search?

 1 Someone told you about us. Proctology, hemorrhoids, Fistula

 2 Through our Home page in Web site. or , Tokyo, Minatoku

 3 Passed our clinic and found us

 4 Lighting Panel in Subway ST 5 The pole in the street

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

* **What brought you here?**

 Since when worse, same, or better

**Any medical problem**? **Any medication** you take?

\*\*\* Infectious disease? What is it?

☆ **Any serious illness before?** \* Colonoscopy, when Stomach scope, when

 What was that?

**〇　Any surgery** you had before? What surgery

When What hospital or Where

 **For those with 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 toilet ? Yes, Always, No

 Do you **push it back** by your fingers or papers? Always, sometime, No

 4 Often have **diarrhea or constipation**? How often? 1-2-3/w, couple in a month

***Shiba International Coloproctological Clinic***