

Interview sheet (In General)

ID No: _____

Written on _____ year _____ month _____ day

| | | | | | |
|----------------|------------|-----------------------|-------------------------|---------------|----------|
| N a m e | | sex | male • female | weight | _____ kg |
| Address | Zip code 〒 | Birth date | _____ y _____ m _____ d | | |
| | | tel | (_____) _____ - | | |
| | | Cellular phone | (_____) _____ - | | |

Please circle the symptoms that you are suffering from the most. BT _____ °C

| E a r (rt • lt) | Nose (rt • lt) | Throat |
|--|---|---|
| <ul style="list-style-type: none"> • ear pain • ear discharge • difficulty in hearing • stuffiness of the ear • ear ringing • vertigo, dizziness | <ul style="list-style-type: none"> • nasal obstruction • nasal discharge • sneezing • itchy nose or eye • headache, heaviness of the head • pain in cheek or face • nasal bleeding • difficulty in smelling | <ul style="list-style-type: none"> • throat pain • stuffiness of throat • pricking , itching or discomfort of throat • pain in tonsills • painful mouth • trouble in tongue • hoarseness • cough, sputa |

※Please write down other symptoms.

(_____)

※When did those symptoms start?

(_____)

① Please circle the items below if you experienced.

- 1) drug allergy (skin eruption, disturbed breathing etc.)
- 2) injection allergy (malaise, disturbed breathing, skin eruption etc.)
- 3) pregnant now. milking your baby. possibility of pregnancy
- 4) tendency to convulsion
- 5) Please circle the diseases below if you have or had.
 urticaria • bronchial asthma • heart disease • kidney disease • liver disease •
 chest disease • diabetes mellitus • hypertension • others (_____)

6) Please let us know the treatment and drugs you get at other clinic or hospital, if any.

Name of the clinic or hospital (_____)

drugs :

smoking _____ pcs/day • alcohol _____ glass of wine/day

② How did you find out our clinic? If you do not mind please let us know.

1) heard of us from your family or relatives 2) from your friend (Mr. or Ms. _____)

3) consultation from other clinic (_____ clinic or hospital) 4) Homepage

5) signboard of entrance 6) signboard in railway stations 7) neighborhood 8) telephone directory

9) others (_____)