

Other ()

C) When did the symptoms start?

___ hours ago ___ days ago ___ weeks ago ___ months ago ___ years ago

D) Have you had any illnesses before? (Also tell us about your health check-up results)

None High Blood Pressure Diabetes Tuberculosis Dyslipidemia (Hyperlipidemia)

Anemia Heart Disease Kidney Disease Cerebral Infarction Cerebral Hemorrhage Rheumatism

Asthma Gout Liver Disease Epilepsy Prostatic Hypertrophy

Cancer Glaucoma Allergies Metabolic Syndrome

Other ()

Have you had surgery or have you been hospitalized before?

No Yes (if yes please fill out the information directly below)

1. Illness: When (YYYY/MM/DD ~ YYYY/MM/DD):

2. Illness: When (YYYY/MM/DD ~ YYYY/MM/DD):

E) Are you currently receiving any treatment for any illnesses?

Yes Illness: ()

No

F) Are you currently on any medication?

Yes Illness: ()

No

- If you have your prescription notebook with you please bring it to the front desk

G) Has your skin every become red or a rash appear due to the disinfectant used during shots?

Yes

No

H) Have you ever had allergies or broke out in hives from medicine, food (including fruits), or bug bites?

Yes What caused it? ()

No

I) Do you have any blood relatives with any of the following illnesses? No Yes

Please fill in the spaces with the appropriate letter. If it is cancer please state what kind of cancer.

Father's Side	Father		Mother's Side	Mother		Siblings	Older Brother	
	Grandfather			Grandfather			Older Sister	
	Grandmother			Grandmother			Younger Brother	
	Uncle			Uncle			Younger Sister	
	Aunt			Aunt				

(A) Diabetes (B) High Blood Pressure (C) Heart Disease (D) Cerebral Infarction

(E) Dyslipidemia (Hyperlipidemia) (F) Cerebral Hemorrhage (G) Cancer

(H) Genetic Disease (I) Other ()

J) Is there a chance that you are currently pregnant? (we are asking for medicine and x-ray purposes)

Yes No I don't know

K) Are you currently breastfeeding?

Yes No

L) How did you arrive at our clinic?

By Foot By Bicycle By Car By Train By Bus Other ()

M) How did you come to know of our clinic?

Ads Internet Flier Introduced (By:)

Just Passing By Other ()

N) Please assist us in preventing mistakes between patients by letting us take a photo of your face.

O) If there is anything else please write below here:

*** If you have a blood pressure notebook, prescription notebook, blood glucose level management notebook, or anything of the sort please submit them at the front desk ***