



Nagomu dermatology clinic questionnaire

Date : . . .

※ This information is helpful for our practice. Thank you for your cooperation. We will keep your input confidential.

Name :		Nationality :		
Age :	years old	date of birth (year / month / date) :	/	/
Sex :	Male / Female	Phone number :		
Address :				
Do you speak Japanese? : a little / daily conversation / fluent				
Do you have Japanese national insurance? :				
Do you have other insurance? :				
Do you need the following documents? :				
medical certificate (If you have a certain form, please show us.)				
reference paper				

Describe your symptoms?

When did they start?

Are you taking any medication now? If so, please specify.

Have you got any rash or felt unwell by food, medication or injection?

Have you ever received surgery, anesthesia, or blood transfusion?

Do you smoke?

Do you drink alcohol?

Are you pregnant now?

Do you have any medical issues we should know about?

Do you have any special requests?

How did you learn about this clinic?