



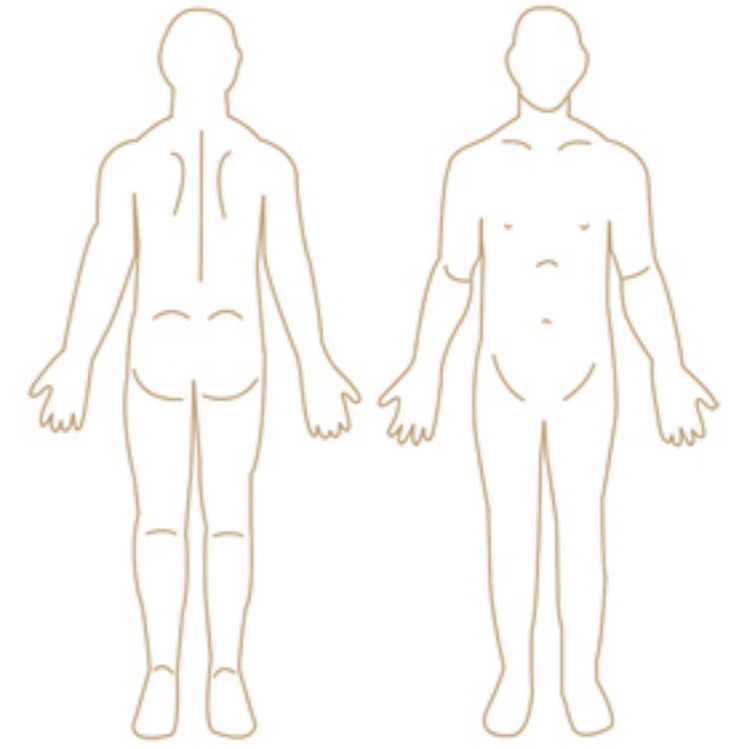
※ The following points are important when choosing Kampo herbal drugs.

Name

Age () Height () Weight () Do you speak (Japanese • English)

What would you like the doctor to do for you?

What are the most troublesome problem(s) for you now?



When did your problem(s) start?

Describe your symptoms.

Family(medical)history

Father's age () : healthy • chronic illness () • deceased (cause of death :)

Mother's age () : healthy • chronic illness () • deceased (cause of death :)

Brothers or sisters (How many :)

Marriage : single • married • separated • divorced • widow / widower

Your spouse's age () :

healthy • not healthy • chronic illness () • passed away (cause of death :)

How many children do you have? : ()

Medical history

Have you ever been admitted to another hospital? (Hospital's name :)

Which department (were you treated by) ?

Have you ever had an operation? (Yes • No)

Have you had a blood transfusion? (Yes • No)

Do you have a tattoo? (Yes • No)

Have you ever had acupuncture? (Yes • No)

Do you have allergies?

asthma • hay fever • atopic dermatitis • nettle rash • allergy to any medicines

foods (especially cinnamon,papaya,kiwi fruit)

If you take medicines regularly,please give the name. (answer :)

Have you ever taken Kampo medicine before?

(The hospital's name or the pharmacy's name :)

(The name of the kampo medicine :)

Which form of the drug? (liquid • tablet • powder • boil down)

Favorite food

sweet • salty • hot • sour • oily • cold • warm

meat (beef • pork • chicken) • fish (grilled • boiled • raw) • vegetables (raw • boiled)

seaweed • egg • dairy products • fruit • sweets • carbonated brinks : ()

