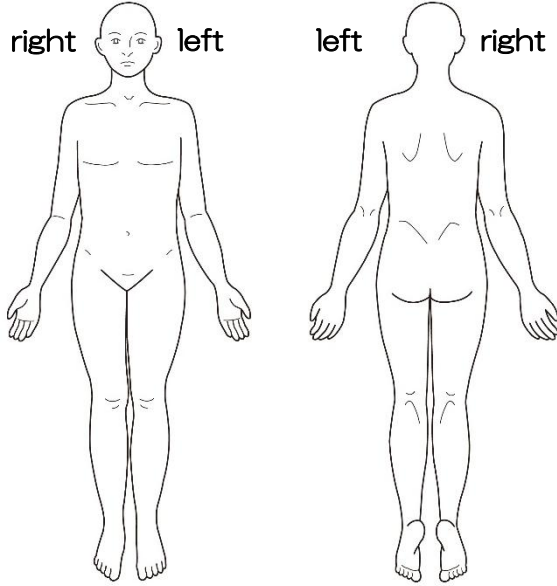


Medical Interview sheet

Name		M • F	Data of birth			Age
			_____ year	_____ month	_____ day	
Address	〒 -					
Height	Weight	Occupation		Phone number		
cm	kg			() -		

<p>What are the symptoms?</p> <p>pain numbness swelling deformation</p> <p>others ()</p> <p>When did it start? ()</p> <p>What was the trigger or cause?</p> <p>①during work or going to work</p> <p>②traffic accident</p> <p>※①②You can't use your insurance card</p> <ul style="list-style-type: none"> • school injury • sport (what kind of sport? :) • unknown • others () 	<p>Please circle on the picture</p> <p>right left left right</p> 
--	--

<p>Have you ever been hospitalized with the same symptoms?</p> <p>NO YES→ with letter of introduction no letter of introduction</p>
<p>Are you currently undergoing treatment for, or have you ever had, any illness?</p> <p>NO YES→ hypertension diabetes heart disease gastric ulcer asthma</p> <p> liver disease kidney disease others()</p>
<p>Have you had any surgery in the past?</p> <p>NO YES→disease name : when :</p>
<p>Do you have metal in your body?</p> <p>NO YES→part :</p>
<p>About X-ray photography</p> <p>hope consultation I don't know</p>
<p>Do you taking any medicines now?</p> <p>NO YES→ ()</p>
<p>Have you ever had any allergies?</p> <p>NO YES→ ()</p>
<p>Interview for woman</p> <p>Are you pregrant? NO / YES Are you breastfedding? NO / YES</p>