

## Toward the first time it has been coming station

Contents had you answer, I will use it only to dispensing services to patients. The number to your otherwise noted third party without I do not do that to disclose or provide the person information. I will protect the Personal Information Protection Act.

Name		Man	Toward children		Generic medicament <input type="checkbox"/> I wish <input type="checkbox"/> Do not wish <input type="checkbox"/> Description hope
		Woman	Body weight	kg	
Date of Birth	(M · T · S · H)      Year	Month	Day		
Address	〒      —				
Telephone number	Contact information      (      )				

~~There is a medicine to be taken with care to drink alignment and disease so,  
please answer in the range not permissible.~~

Are you take us in any symptoms today?

In addition to today's visit, Do you have a disease or therapeutic drug for the treatment currently in?

- there is no
- it is     Hypertension    Diabetes    dyslipidemia    hyperuricemia (gout)    brain disease    heart disease  
 liver disease    renal disease    urological diseases    stomach and duodenal ulcer  
 respiratory disease    cataract    Glaucoma    Other (      )

Please write Once you know your name of your medicine.  
If you have your medicine pocketbook will thank the presentation.

Are there any over-the-counter drugs you are using other than medicine that has been prescribed today?

- there is no
- it is     cold medicine    gastrointestinal drugs    analgesic    vitamins    Other (      )

Do you have that medicine was not fit to the body so far?

- there is no
- it is     diarrhea stomach pain    eczema breathing became painful when drowsiness    rash was  
 Other (      )

Please write Once you know your name of your medicine.

Do you have that apply to your constitution?

- food allergy    (  eggs dairy wheat    buckwheat    Fish    shrimp, crab    Other (      ) )
- allergies        (  atopic rhinitis    hay fever    Asthma    hives    Other (      ) )
- weak stomach    easy to diarrhea    constipation tend    skin is weak    Other (      )

**Living habit**    ~~That it may be related to the use of your medicine, please answer as much as possible.~~



- |   |   |   |  |   |   |
|---|---|---|--|---|---|
| Cigarette<br><input type="checkbox"/> Do not breathe<br><input type="checkbox"/> I suck | Sake<br><input type="checkbox"/> do not drink<br><input type="checkbox"/> I drink | Operation of the car<br><input type="checkbox"/> Do not<br><input type="checkbox"/> I | Work atmosphere<br><input type="checkbox"/> Aerial machine operation<br><input type="checkbox"/> night shift | In women<br><input type="checkbox"/> pregnancy (      Months )<br><input type="checkbox"/> during lactation | Caution<br><input type="checkbox"/> hard of hearing<br><input type="checkbox"/> Hitsudan hope |
|---|---|---|--|---|---|