

Interview Sheet (check the box: Psychosomatics Internal Medicine)

Without your permission, we never reveal the following information to others.

Name: <u>Mr. • Mrs.</u> (first) _____ (middle) _____ (last) _____	
DOB: Day _____ /Mo _____ /Yr _____ Age _____ y.o.	
Birth Place: _____	Nationality: _____
Phone Number: _____ Cell Phone: _____	
Address in Japan and Postcode: _____	
Occupational Career: _____	
* Please list any person(s) whom we could have contact with in case of emergency.	
Name [relationship]: <u>Mr. • Mrs.</u> _____ [_____]	
Address, Country: _____	
(Phone Number: _____	Cell Phone: _____)

1. Describe your main problems briefly. When did they begin?

2. Have you ever consulted a doctor with these problems? (Yes • No)

When? _____ Where? _____ Dr. in charge: _____

Outcome: _____

3. List your past illness.

() y.o. : _____

() y.o. : _____

() y.o. : _____

4. Are you under medication?

(No • Yes; if yes, please explain: _____)

5. Have you had any histories of allergy? (No • Yes: if yes, please, specify.)

Medicine (_____) Food (_____)

Were they life-threatening (No • Yes: if yes, please, circle them in the list.)

6. Provide your smoking/drinking habit.

You have/had been smoking () cigarettes a day for () years. Quit, () years ago.

You usually drink (ml • quart) of (type of spirit: _____) daily.

7. Specify your family member including his/her chief past history.

8. (Woman only) Provide your menarche (y.o.) and the last menstruation period. (since / /

through / /). Are you expected? (No • Yes: you are in the First • Second • Third trimester.)

9. Describe anything you would like to let the doctor know before consultation.

(_____)

10. How did you get to know us ? (Not essential)

Friend (_____) • Web (PC • Mobile) • Other (_____)