

OTOLARYNGOLOGY (EAR, NOSE, THROAT)

耳鼻咽喉科問診票

Name (名前)		Date of birth (生年月日)	Year	month	day
		Age (年齢)		Occupation (職業)	
Home address (ご住所)	〒	—	Phone number (電話番号)		
			()		
			Body temperature (体温) °C		
Body weight (体重)	kg	Male (男)	Female (女)	Nationality (国籍)	
Are you pregnant or breastfeeding? (妊娠もしくは授乳していますか?)					
Yes(____month)		No breastfeeding (授乳中)			
Do you have health insurance? (健康保険を持っていますか?)					
			Yes(Please submit)		No

☆Please circle the applicable items. (該当する項目に○をつけて下さい)

①What are your symptoms? (どうしましたか?)

I had a fever. (____°C)熱があった My head feels heavy.頭が重い I have a headache.頭が重い

(ear problems 耳の症状)

right 右 left 左 both 両方 earache 耳痛 discharge 耳だれ ringing in the ears 耳鳴
wax build up 耳垢 feel dizzy めまい difficulty in hearing 聞こえが悪い plugged ears 耳閉感

(nose problems 鼻の症状)

stuffy nose 鼻閉 runny nose 鼻水 sneezing くしゃみ bleeding 鼻血
snoring いびき inability to smell 匂いがわからない

(throat problems のどの症状)

sore tongue 舌が痛い sore throat のどが痛い coughing 咳 phlegm 痰
feeling as if something is stuck in throat のどの違和感 hoarseness 声がかれる
difficulty in swallowing 飲み込みにくい swollen face/neck 顔・頸部は腫れた

(other problems その他)

【How long have you had these problem? それはいつからですか?】

Since ____year____month____day

②Do you have any food or medication allergies?薬や食べ物でアレルギーが出ますか?

Yes(medication 薬 food 食べ物 other その他) No

③Please tell me if you have a medical history.持病があれば教えてください

④Are you currently taking medication?現在飲んでいる薬はありますか?

Yes(if you have any with you now,please show them to me.持っていれば見せて下さい) No

⑤Can you arrange an interpreter by yourself for your next visit?次回、通訳を連れて来ることができますか?

Yes No

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