## CONSULTATION APPLICATION FORM

 $\ensuremath{\operatorname{Fill}}$  in the bold-framed area and produce you ID card

Date : / / (Y/M/D)

In Kana		Date of birth		
Name	M · F	/ / (Y/M/D)		
Medical departments you would like to visit	<ul> <li>Internal medicine</li> <li>Psychiatry</li> </ul>	Belongs Faculty/ Graduate School Office name etc.		
Occupation	□Student (Student ID Number :	)		
□Employee (Employee Number: )				
$ Employee only \rightarrow Do you have a membership card for the MEXT health insurance? \Box Yes \Box No $				
Have you ever visited this clinic before? $\Box$ Yes $\Box$ No $\rightarrow$ When was it?				
For first visit	Address: Phone number			

## Everyone please fill in the following

$\bullet$ Do you currently have the following symptoms?				
cough • sore throat • phlegm • running nose • fever (	°C)	• headache		
◆Have you been overseas within these 2 weeks?				
Yes • No				
$\rightarrow$ When: country:				
◆Do you have any food or drug allergies?				
Yes • No				
$\rightarrow$ <u>Details</u> :				