Medical Questionnaire

Okayama Heart Clinic

Check all corresponding answer

date month year

Name		**Nationality**	
Date of birth		**Age**	**yrs**
Sex	☐ Male ☐ Female	**Height and weight**	**cm/ kg**
Phone number	※A number the clinic can contact when necessary		
Address			
Do you have health insurance？		☐ Yes ☐ No	

※ Please inform the reception desk, if you feel very sick.

What are your reasons/symptoms you are visiting for？ / 現在の症状はなんですか

☐ chest pain/ 胸痛
☐ heart palpitation/ 動悸
☐ swelling /むくみ
☐ high blood pressure/ 血圧が高い
☐ excessive fatigue/ 疲れやすい
☐ shortness of breath/ 息切れ
☐ abnormal ECG/ 心電図異常
☐ heart murmur/ 心雑音
☐ cold hand and feet / 手足が冷たい
☐ irregular pulse/ 脈がおかしい
☐ cough/ 咳
☐ headache/ 頭痛
☐ fever (℃)
☐ sore throat/ 咽頭痛
☐ others

_____

_____

Since when？/ いつからですか

Since year month day

When / How does your symptoms happen? どんなときに症状がありますか

☐ morning ☐ daytime ☐ night ☐ irregular ☐ sudden onset
☐ constantly ☐ gradual onset ☐ when I move
☐ others _____

Are you currently under medical treatment？/ 現在治療中の病気はありますか

☐ Yes
- ☐ High Blood Pressure (from age_____)
- ☐ Diabetes (from age_____)
- ☐ Dyslipidemia (from age_____)
- ☐ Others _____ (from age_____)

☐ No

Are you currently taking medication？/ 現在内服中の薬はありますか

☐ Yes → (If you have any with you now, please show them to me.)
☐ No

Continues on the next page

Have you ever had any illness before ? / 今までかかった病気はありますか

☐ heart disease ☐ high blood pressure ☐ diabetes ☐ kidney disease

☐ liver disease ☐ asthma ☐ diabetes ☐ dyslipidemia

☐ operation → when ? _____month_____year

Type of surgery:_____

☐ others

_____

Do you have any allergies ? /アレルギーはありますか

☐ Yes

☐ medicine _____

☐ food _____

☐ others _____

☐ No

Are you currently smoking ? / 現在タバコはすいますか

☐ Yes → Current amount/ 現在 : _____cigarette/day/本/日 Duration/_____years/年

☐ No, but I used to. → Previous amount/ 過去 : _____cigarette/day/本/日 Duration/_____years/年

☐ No

Do you drink alcohol ? / アルコールはどれくらい飲みますか

☐ Yes → If yes, write down the amount you drink in 1 day.

Example: 2 glasses of wine / 2 times a week

_____

☐ No

Can you arrange an interpreter by yourself for your visit ? /今後通訳をつれてくることは出来ますか

☐ Yes ☐ No

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For Women:

Are you pregnant or is there a possibility of pregnancy ? / 妊娠もしくはその可能性がありますか

☐ Yes → (months)

☐ No

Are you currently breast feedings ? / 授乳中ですか

☐ Yes ☐ No

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Thank you for answering the questionnaire.