

問診票 ; Questionnaire

Before your examination, please fill out this questionnaire.

名前;Name _____ (Male • Female)

生年月日;Date of Birth _____

住所;Address _____

Tel _____

- 1 . What is your problem? What do you find the most uncomfortable?
Symptom?

- 2 . When did your problem start?

- 3 . Have you had any diseases in the past?

- 4 . Are you now taking any drugs or medications?
Please write the name of drugs.

- 5 . Did you have any reactions to drugs? (Yes • No)
The name of drugs ()

- 6 . Body weight of a child (kg)