Patient Survey Medical Clinic Questionnaire

Ministry of Health,	Government
_abour and Welfare	statistics

October 17, 18, 20, 2023 (One specified day)

Instructions for filling in forms

Do not fill in the fields marked by *.

Labour and	vv cii ai e stati	stics
*Health Center Code		
Facility No.	C -	
Patient No.		

(1) Sex	1 Male 2 Female (2) Date of birth (DD) (MM) (YY	7) 1 Reiwa 2 Heisei 3 Showa 4 Taisho 5 Meiji
(3) Address of patient	 Inside the prefecture of the hospital Outside the prefecture of the hospital 	Prefectural government
(4) Type by inpatient/outpatient visit, etc.	Date of admission (DD) (MM) (YY) Integration Date of admission	1 Reiwa 2 Heisei 3 Showa Enter the month and date for "3" to "6". Date of the last medical consultation or last visit (DD) (MM) 2023
(5) Circumstances of medical care For the name of the main diagnosis, enter the type of	1 Diagnosis and treatment of disease/injury 2 Normal delivery (Single spontaneous delivery (Single spontaneous delivery) 4 Exam, health check-up or management delivery (Single spontaneous delivery) 6 Other healthcare services → Continued on the back	nt for healthy individual 5 Vaccination
onset, cause of the disease, site of the disease, and nature of the disease, and severity of the disease, etc. Example: - Alcohol-induced _Acute pancreatitis - Chronic kidney disease, Stage 4 - Malignant neoplasm of gastric cardia - Anaplastic large cell lymphoma, ALK-negative - Acquired Hemolytic Anemia	When the name of the main diagnosis is "Chronic hepatitis", "Hepatic ci intrahepatic bile ducts", circle one number from the list below. 1 Hepatitis B virus (HBV) positive 2 Hepatitis C virus (HCV) positive 3 Positive for both Hepatitis B virus (HB 4 Negative for both Hepatitis B virus (HB	V) and Hepatitis C virus (HCV)
"15 Mental disorders" refer to the following diseases. - Dementia including Alzheimer's disease - Mental and behavioral disorders due to psychoactive substance use	When the name of the main diagnosis is physical trauma (including into Cause of physical trauma (including intoxication) Accidents 1 Automobile accident 2 Bicycle accident 5 Falls 3 Other traffic accidents 6 Accidents (2) Names of other diagnoses (circle all that applies)	Intentional or unknown
- Schizophrenia, schizotypal disorder and delusional disorder - Mood [affective] disorders - Neurotic disorders - Epilepsy - Other mental and behavioral disorders (Excludes "mental disability" (retardation))	 02 Diabetes mellitus (without complications) 03 Diabetic nephropathy 04 Diabetic retinopathy 05 Diabetic neuropathy 09 High blood (hypertensions) 	lesterolemia) (Aortic dissection, aortic aneurysm) l pressure Chronic kidney disease (chronic

(6)	Payment method of medical fee, etc.	1	Treatment at one's own expense	\	Ι	(Health insurance and others)		
	Circle all that apply. When the patient is covered		(Including specified medical care coverage)		01	Union health insurance or Mutual aid associat insurance (principal)	ions 05	Medical care system for the Elderly (Medical care system for the latter- stage elderly)
by long-term care insurance simultaneously using health insurance and public expenditure, indicate both.	2	Health insurance, public expenditure	-	02	Union health insurance or Mutual aid associationsurance (family)	ions 06	Worker's or occupational accident compensation insurance	
	Aspenditure, increate soun.				03	National Health Insurance	07	Act on Securing Compensation for Automobile Accidents
		3	Long-term care insurance (Including in-home care support plan)		04	Retiree Health Care System	08	Others
				<u> </u>	п	(Public expenditure)		
					09	Act on the Prevention of Infectious Diseases a	and Medical Care fo	r Patients with Infectious Diseases
					10	Act on Providing Comprehensive Support for the Da (Medical aid for children with potential disabilities, N		
					11	Public Assistance Act (Medical Assistance)		
					12	Other public expenditure		
(7)	Origin of referral	1	Hospital			2 Medical clinics	3	Dental clinics
		4 Rehabilitation facilities for the elderly 5 Healthcare facility for the elderly requiring 6 Welfare facility for the elderly requiring long-term care						
		7	Others			8 Without referral		
(8)		the Emergency visit						
	time of visit	1 Normal visit 2 Transported by ambulance 3 Emergency visit on foot or by private vehicle, etc.						
		(When "2" or "3", indicate either.)						
		1 A visit in consultation hour 2 A visit outside consultation hours						
	(9) Type of bed	1	Long-term care beds (co	overed	by me	edical care 2 Long-term care beds (consurance)	covered by long-tern	n care 3 General beds
Admission only						4 Hospitalized for examination		
 Adm	Indicate the status as of the survey date.		2 Life-threatenin	ıg				5 Others
	3 Dischargeable when acceptance condition is met							