

患者氏名 :
患者 ID :

VERIFICATION OF HOSPITAL ADMISSION HISTORY

Patient name	
Hospital ID No.	
Date of current admission (YYYY/MM/DD)	/ /

The information below is required to calculate the admission charges.

*Your personal information will be handled in accordance with the regulations of the institution.

Have you been admitted to a hospital in Japan in the past three months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If your answer is “Yes”, please provide the name of the hospital to which you were admitted and the disease or injury for which you were admitted.	
Hospital name	
Hospital phone No.	
Admission date (YYYY/MM/DD)	/ /
Discharge date (YYYY/MM/DD)	/ /
Disease or injury	

*** Please present the discharge certificate if available.**