

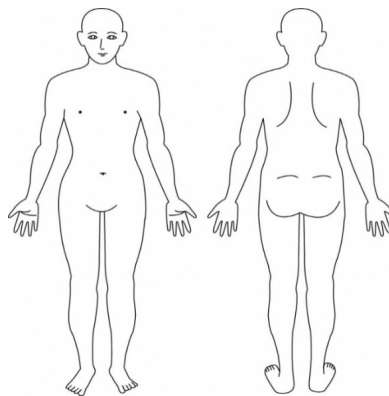
Talatanungan sa Dermatolohiya/Dermatology Questionnaire/皮膚科 問診票

Pangalan ng pasyente naaie nra/Name of patient /患者氏名				Para sa mga tauhan lamang /For staff only /医療機関記入欄	BT=	°C
Araw ng kapanganakan /Date of birth /生年月日 (西暦)	taon /Year/年	buwan /Month/月	Araw /Day/日		PR=	min./min./分
Taas/Timbang/Height/Weight/身長・体重	cm/cm kg/kg			kasarian/Sex/性別	BP=	mmHg/mmHg
Mga allergy/Allergies /アレルギーの有無	<input type="checkbox"/> (mga) pagkain/Food(s)/食べ物: <input type="checkbox"/> Gamot/Medicine/薬:			RR=	min./min./分	
				SPO2=	%	

Ano ang problema ngayon? (Lagyan ng tsek ang lahat ng naaangkop.)/What is the problem today?(Check all that apply.)
/今日どのような症状がありますか。(複数ある方は複数回してください。)

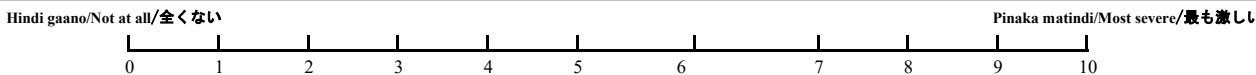
- | | | |
|--|---|---|
| <input type="checkbox"/> Pangangati/Itchiness
/かゆみ | <input type="checkbox"/> Eksema/Eczema
/湿疹 | <input type="checkbox"/> Pantal/Rash/発疹 |
| <input type="checkbox"/> Mga pantal/Hives
/じんましん | <input type="checkbox"/> Tuyong balat
/Dry skin
/皮膚の乾燥 | <input type="checkbox"/> Mga sintomas ng atopic
/Atopic symptoms
/アトピー |
| <input type="checkbox"/> mga spot/Spots/しみ | <input type="checkbox"/> Nunal/Mole
/ほくろ | <input type="checkbox"/> Birthmark, pasa
/Birthmark, bruise/あざ |
| <input type="checkbox"/> Tagihawat/Pimples
/にきび | <input type="checkbox"/> Pigma/Boil
/できもの | <input type="checkbox"/> paso/Burn/やけど |
| <input type="checkbox"/> Kagat ng insekto
/Insect bite/虫さされ | <input type="checkbox"/> Kulugo
/Wart/いぼ | <input type="checkbox"/> Hindi normal ang pagpapawis/Not
sweating normally
/汗がでない |
| <input type="checkbox"/> Alipunga
/Athlete's foot/水虫 | <input type="checkbox"/> Sakit sa pandama ng
balat/Skin sensory disorder
/皮膚の感覚異常 | |

Bilugan ang lugar kung saan mo nararanasan ang sintomas./Circle the place where you are experiencing the symptom.
/症状のある部分に○を付けて下さい。



- Pinayuhan ako ng ibang clinic/hospital (o sa regular check-up) na pumunta dito./I was advised by another clinic/hospital (or at a regular check-up) to come here.
/他の医療機関から受診するように勧められた (健診含む)
- Iba pa/Other(s)
/その他:

Kung ilalarawan mo ang sintomas sa sukat na 1 - 10, gaano ito kalubha? Bilugan ang numero sa ibaba./If you describe the symptom on a scale of 1 - 10, how severe is it? Circle the number below.
/その症状の程度を数字で表すと、どのぐらいですか? 下の数字のところに○を付けてください。



Kailan nagsimula ang sintomas?

/When did the symptom start?

/この症状はいつからありますか。

taon buwan Araw Mula sa/From about _____ : _____ am/am/pm/pm
/Year/年 /Month/月 /Day/日 午前・午後 時 分ごろから

Kasalukuyan ka bang umiinom ng anumang gamot, kabilang ang bitamina at nutritional supplement?/Are you currently on any medication, including vitamin and nutritional supplement?

/現在、飲んでる薬はありますか? ※ビタミン、栄養剤、サプリメントも含まれます。

- Hindi/No /いいえ Oo/Yes /はい
- *Ipakita sa amin ang iyong talaan ng gamot o gamot (notebook).
/Show us your medication or medication record (notebook).
/お薬、もしくは「お薬手帳」を持っている方は、見せてください。

	Pangalan ng mga gamot /Name of medications /お薬の名前	Paano inumin o gamitin ang iyong gamot /How to take or use your medication /飲み方・使い方		Pangalan ng mga gamot /Name of medications /お薬の名前	Paano inumin o gamitin ang iyong gamot /How to take or use your medication /飲み方・使い方
①			⑥		
②			⑦		
③			⑧		
④			⑨		
⑤			⑩		

Ikaw ba ay nasa ilalim ng o sumailalim sa pangangalaga ng isang doktor?/Are you, or have you been, under the care of a doctor in the past? /現在治療している病気、または過去に治療していたことはありますか?

Hindi/No /いいえ Oo/Yes /はい

Kung nilagyan mo ng check ang "Oo", piliin ang kondisyon mula sa listahan, at isulat ang pangalan ng ospital kung saan ka tumanggap ng paggamot./If you checked "Yes", choose the condition from the list, and write the name of the hospital where you received treatment. /「はい」に印した人は、疾患名リストから選択し、治療していた医療機関名を書いてください。

Pangalan ng sakit (Isulat ang numero mula sa sumusunod na listahan)/Name of disease (Write the number from the following list) /疾患名 (下記リスト番号)	Pag-unlad ng paggamot/Treatment progress /治療経過	Pangalan ng ospital/Hospital name /医療機関名
	<input type="checkbox"/> Gumaling/Recovered/治療 <input type="checkbox"/> Itinigil ang paggamot /Withdrawal of treatment/治療中断 <input type="checkbox"/> Kasalukuyang ginagamot/Under treatment/現在治療中 <input type="checkbox"/> Hindi ginagamot/Untreated/未治療	
	<input type="checkbox"/> Gumaling/Recovered/治療 <input type="checkbox"/> Itinigil ang paggamot /Withdrawal of treatment/治療中断 <input type="checkbox"/> Kasalukuyang ginagamot/Under treatment/現在治療中 <input type="checkbox"/> Hindi ginagamot/Untreated/未治療	
	<input type="checkbox"/> Gumaling/Recovered/治療 <input type="checkbox"/> Itinigil ang paggamot /Withdrawal of treatment/治療中断 <input type="checkbox"/> Kasalukuyang ginagamot/Under treatment/現在治療中 <input type="checkbox"/> Hindi ginagamot/Untreated/未治療	
	<input type="checkbox"/> Gumaling/Recovered/治療 <input type="checkbox"/> Itinigil ang paggamot /Withdrawal of treatment/治療中断 <input type="checkbox"/> Kasalukuyang ginagamot/Under treatment/現在治療中 <input type="checkbox"/> Hindi ginagamot/Untreated/未治療	

<Listahan ng mga sakit/List of diseases/疾患リスト>

Sistema ng sakit/System of disease /疾患の系統	Mga pangalan ng sakit/Disease names /疾患名
① Sakit sa pagtunaw/Digestive disease /消化器系の疾患	a. Peptic ulcer/Peptic ulcer /消化器潰瘍 b. Hepatitis/Hepatitis /肝炎 c. Hepatic cirrhosis /Hepatic cirrhosis /肝硬変
② Sakit sa sistema ng sirkulasyon/Circulatory system disease /循環器系の疾患	a. Alta-presyon/Hypertension /高血圧 b. Angina pectoris /Atake sa puso /Angina pectoris /myocardial infarction /狭心症・心筋梗塞 c. Arrhythmia/Arrhythmia /不整脈 d. Heart failure /Heart failure/心不全 e. Iba pa/Others /その他
③ Sakit sa paghinga /Respiratory disease /呼吸器系の疾患	a. Hika/Asthma/喘息 b. Chronic obstructive pulmonary disease /Chronic obstructive pulmonary disease /慢性閉塞性肺疾患 c. Pulmonya/Pneumonia /肺炎 d. Tuberculosis sa baga/Pulmonary tuberculosis /肺結核
④ Sakit sa bato at urolohiya /Kidney and urological disease /腎・泌尿器系の疾患	a. Talamak na pagkabigo sa bato /Chronic renal failure /慢性腎不全 b. Bato sa bato/ihing /Renal/urinary stone /腎・尿管結石 c. Impeksyon sa daluyan ng ihing /Urinary tract infection /尿路感染症
⑤ Sakit sa utak at nervous system /Brain and nervous system disease /脳神経系の疾患	a. Cerebral infarction/Cerebral infarction /脳梗塞 b. Cerebral hemorrhage/Cerebral hemorrhage /脳出血 c. Epilepsy/Epilepsy /てんかん
⑥ Endocrine o metabolic disease/Endocrine or metabolic disease /内分泌代謝系の疾患	a. Diabetes mellitus/Diabetes mellitus /糖尿病 b. Hyperlipidemia/Hyperlipidemia /高脂血症 c. Malfunshon ng thyroid gland /Thyroid gland malfunction /甲状腺機能障害 d. Hyperuricemia/Hyperuricemia /高尿酸血症
⑦ Sakit sa buto o kalamnan /Bone or muscle disease /骨・筋肉の疾患	a. Rheumatoid arthritis/Rheumatoid arthritis /関節リウマチ b. Osteoporosis/Osteoporosis /骨粗鬆症 c. Osteoarthritis/Osteoarthritis /変形性膝関節症 d. Herniated intervertebral discs /Herniated intervertebral discs /椎間板ヘルニア e. Gout/Gout/痛風 f. Iba pa/Others/その他
⑧ Sakit sa Obstetrics at ginekolohiya/Obstetrics and gynecology disease /産婦人科の疾患	a. Uterine fibroids /Uterine fibroids /子宮筋腫 b. Dysmenorrhea /Dysmenorrhea /月経困難症 c. Pagkabaog /Infertility/不妊症 d. Iba pa/Others/その他
⑨ Sakit sa mata/Eye disease /眼の疾患	a. Katarata/Cataract /白内障 b. Glaucoma/Glaucoma /緑内障 c. Retinopathy /Retinopathy/網膜症
⑩ Sakit sa mata/Malignant tumor /悪性腫瘍	a. Kanser sa tiyan /Stomach cancer/胃がん b. Kanser sa bituka/Colon cancer/大腸がん c. Atay/gallbladder/pancreatic cancer /Liver/gallbladder/pancreatic cancer /肝臓・胆のう・膵臓がん d. Cancer sa suso/Breast cancer/乳がん e. Kanser sa matris /Uterine cancer /子宮がん f. Kanser sa baga /Lung cancer/肺癌 g. Iba pa/Others/その他
⑪ Sakit sa utak/Mental disease /精神の疾患	a. Depresyon /Depression /うつ病 b. Schizophrenia /Schizophrenia /統合失調症
⑫ Sakit sa tainga, ilong o lalamunan /ENT disease /耳鼻科の疾患	a. May kapansanan sa pandinig/Impaired hearing /難聴 b. Pagkahilo/Dizziness /めまい c. Ingay sa tenga /Ear noise/耳鳴 d. Allergy sa pollen /Pollen allergy/花粉症
⑬ Sakit sa dugo /Blood disease /血液の疾患	a. Anemia/Anemia/貧血 b. Leukemia/Leukemia /白血病
⑭ Sakit sa balat /Skin disease /皮膚の疾患	a. Atopic dermatitis/Atopic dermatitis /アトピー性皮膚炎 b. Alipunga (athlete's foot) /Tinea (athlete's foot) /白癬症 (水虫)

Naoperahan ka na ba?/Have you ever had surgery?**/今までに手術をしたことがありますか。** Hindi/No
/いいえ Oo/Yes
/はいKung nilagyan mo ng check ang "Oo", isulat ang kasaysayan ng iyong operasyon./If you checked "Yes", write the history of your surgery.
/「はい」に☑した方は下に手術歴を書いてください。

Mga pangalan ng sakit/Disease names /疾患名	Pangalan ng iyong operasyon /Name of your surgery/手術名	Nang inoperahan ka /When you had the surgery /手術をした時期	Ospital kung saan ka nagkaroon ng operasyon /Hospital where you had the surgery /手術をした医療機関

*Kung hindi ka sigurado tungkol sa eksaktong petsa ng operasyon, isulat ang taon o edad.

/If you are not sure about the exact date of the surgery, write the year or age.

/※詳しい手術日がわからない場合は「年齢」、「手術した年」でも構いません。

Regular ka bang naninigarilyo?/Do you smoke regularly?**/習慣的に、たばこを吸いますか。** Hindi/No
/いいえ Oo/Yes
/はい Dating naninigarilyo/Used to smoke
/以前吸っていた

Pagkonsumo ng sigarilyo /Cigarette consumption/喫煙量	Tagal ng paninigarilyo/Duration of smoking /喫煙期間	Taon kung kailan ka tumigil sa paninigarilyo /Year when you stopped smoking /喫煙をやめた年
_____sigarilyo/Araw /cigarettes/Day /本/日	_____taon/Year/年	_____taon/Year/年 _____buwan/Month/月

*Kung mayroon ka pa ring ugali sa paninigarilyo, iwang blanko ang tanong tungkol sa taon na huminto ka sa paninigarilyo.

/If you still have a smoking habit, leave a blank in the question about the year you stopped smoking.

/現在も喫煙を続けている方は、喫煙をやめた年は空欄のままにしておいてください。

Regular ka bang umiinom?/Do you drink regularly?**/習慣的にお酒を飲みますか。** Hindi/No
/いいえ Tak/Yes
/はい Dating umiinom/Used to drink regularly
/以前飲酒する習慣があった。

<input type="checkbox"/> Beer/Beer/ビール _____ml/Araw/ml/Day/日	<input type="checkbox"/> Whisky/Whisky/ウイスキー _____ml/Araw/ml/Day/日
<input type="checkbox"/> Japanese sake /Japanese sake/日本酒 _____ml/Araw/ml/Day/日	<input type="checkbox"/> alak/Wine/ワイン _____ml/Araw/ml/Day/日
<input type="checkbox"/> Iba pa/Other(s) /その他: _____ml/Araw/ml/Day/日	

Kung babae, sagutin ang mga tanong sa ibaba. Buntis ka ba, o posibleng buntis ka?/If female, answer the questions below. Are you pregnant, or possibly pregnant?**/女性の方のみお答えください。妊娠していますか、またその可能性はありますか。** Hindi/No
/いいえ Oo/Yes
/はい Hindi alam/Do not know/わからない**nagpapasuso ka ba?/Are you breastfeeding?****/現在、授乳中ですか。** Hindi/No
/いいえ Oo/Yes
/はい**Kung mayroon kang espesyal na kahilingan tungkol sa konsultasyon, lagyan ng check ang kahon.****/If you have a special request concerning the consultation, check the box.****/診察でのご希望がある場合は、☑をしてください。**

- Gusto kong malaman nang maaga ang aking tinantyang gastos sa pagpapagamot./I want to be informed of my estimated medical expenses in advance. /あらかじめ、医療費の概算を教えてください。
- Gusto kong magkaroon ng interpreter kung may available na serbisyo ng interpreter./I want to have an interpreter if an interpreter service is available./通訳がある場合は、通訳を付けてほしい。
- Iba pa/Other(s)/その他: