

# Medical Questionnaire para sa Upper Gastrointestinal Endoscopy (Gastroscopy)

## / Medical Questionnaire for Upper Gastrointestinal Endoscopy (Gastroscopy)

### /上部消化管内視鏡検査（胃カメラ）の問診票

Petsa ng gastroscopy/Date of gastroscopy/検査日

Taon/Year/年Buwan/Month/月Araw/Day/日

Oras/Time/検査時間      Oras/Hour/時      Minuto/Minutes/分頃

ID ng Pasyente/Patient ID/患者 ID

Pangalan ng Pasyente/Patient name/患者氏名

**1) Nagkaroon ka na ba ng endoscopy?/Have you ever had an endoscopy?**

/内視鏡検査を受けたことがありますか。

Hindi/No/いいえ

Oo/Yes/はい

(Gastroscopy/Gastroscopy/胃カメラ      beses/times/回

Itong klinika/This clinic/当院      Ibang klinika/Other clinic/他院)

(Colonoscopy/Colonoscopy/大腸カメラ      beses/times/回

Itong klinika/This clinic/当院      Ibang klinika/Other clinic/他院)

**2) Nasabi na ba sa iyo na mayroon kang anumang mga problema sa puso, o na-diagnose na may arrhythmia?**

/Have you ever been told that you have any heart problems, or diagnosed with arrhythmia?

/心臓が悪い、あるいは不整脈と言わされたことがありますか。

Hindi/No/いいえ

Oo/Yes/はい

**3) Umiinom ka ba ng anticoagulant o antiplatelet na gamot (WARFARIN, PRAZAXA, XARELTO, BAYASPIRIN, ELIQUIS o BUFFERIN atbp.)?**

/Are you taking an anticoagulant or an antiplatelet drug (WARFARIN, PRAZAXA, XARELTO, BAYASPIRIN, ELIQUIS or BUFFERIN etc.)?

/抗凝固剤、抗血小板薬（ワーファリン、プラザキサ、イグザレルト、バイアスピリン、エリキュークス、バファリン等）を飲んでいますか。

Hindi/No/いいえ

Oo/Yes/はい

(Kung ang iyong out-patient na doktor ay nagbigay sa iyo ng mga tagubilin, mangyaring sundin ang mga ito.

/If your out-patient clinic doctor has given you instructions, please follow them.

/外来担当医から指示のある場合は、指示を守ってください)

**4) Na-diagnose ka na ba na may glaucoma o mataas na intraocular pressure ng isang ophthalmologist?**

/Have you ever been diagnosed with glaucoma or high intraocular pressure by an ophthalmologist?

/眼科で緑内障、あるいは眼圧が高いと言われたことがありますか。

Hindi/No/いいえ

Oo/Yes/はい

**5) Hika/Asthma/喘息**

Hindi/No/いいえ

Oo/Yes/はい

**6) Mayroon ka bang prostatic hyperplasia (pinalaki ang prostate gland) o nahihiapan sa pag-ihi?****/Do you have prostatic hyperplasia (enlarged prostate gland) or have difficulty in urinating?****/前立腺肥大、あるいは尿の出にくいことがありますか。**

- Wala/No/いいえ  
 Oo/Yes/はい

**7) Na-diagnose ka na ba na may mataas na presyon ng dugo?****/Have you ever been diagnosed with high blood pressure?****/血圧が高いと言われたことがありますか。**

- Hindi/No/いいえ  
 Oo/Yes/はい

**8) Na-diagnose ka na ba na may diabetes mellitus?****/Have you ever been diagnosed with diabetes mellitus? /糖尿病と言われたことがありますか。**

- Hindi/No/いいえ  
 Oo/Yes/はい

(Kung ikaw ay sumasailalim sa paggamot na may gamot sa diabetes o iniksyon ng insulin, huwag inumin ang mga gamot na iyon sa umaga at sa tanghali sa araw ng pagsusuri.

/If you are undergoing treatment with diabetes medicine or insulin injection, do not take those medications in the morning and at noon on the day of the examination.

/糖尿病薬またはインシュリン注射を使用中の場合は、検査当日の朝と昼は薬を使用しないでください)

**9) Mayroon ka bang anumang allergy sa gamot?/Do you have any drug allergies? /薬のアレルギーはありますか。**

- Wala /No/いいえ  
 Oo/Yes/はい

• Anesthetic/Anesthetic/麻酔薬                            • Iba/Others/その他

( )

**10) Nakasuot ka ba ng natatanggal na pustiso o post crowns?****/Are you wearing removable dentures or post crowns?****/取り外し可能な入れ歯・差し歯はありますか。**

- Hindi/No/いいえ  
 Oo/Yes/はい

Kapag isinasagawa ang gastroscopy, mangyaring alisin muna ang mga ito.

/When you are having a gastroscopy, please remove them beforehand.

/胃カメラ検査を受ける場合は、事前にはずしてください。

**11) Buntis ka ba o posibleng buntis, o nagpapasuso ka ba ngayon?****/Are you pregnant or possibly pregnant, or are you breastfeeding now?****/現在妊娠中または妊娠の可能性がある。または、授乳中である。**

- Hindi/No/いいえ  
 Oo/Yes/はい

**12) Nagkaroon ka na ba ng anumang malalaking sakit o operasyon?****/Have you ever had any major diseases or surgery? /大きな病気や手術をしたことはありますか。**

- Hindi/No/いいえ  
 Oo/Yes/はい

**13) Nagmaneho ka ba mag-isá para pumunta dito ngayon?/Did you drive by yourself to come here today?****/本日は車を運転してきましたか。**

- Hindi/No/いいえ  
 Oo/Yes/はい

# Form ng Pahintulot para sa Upper Gastrointestinal Endoscopy /Consent Form for Upper Gastrointestinal Endoscopy /上部消化管内視鏡検査の同意書

Nakatanggap ako ng sapat na paliwanag tungkol sa pangangailangan, at ang posibleng mga komplikasyon sa pamamaraan ng pagsusuri mula sa isang doktor na namamahala, na ipinakita ang kalakip na papel, "Paliwanag ng Upper Gastrointestinal (GI) Endoscopy" [( ) transnasal、( ) transoral], at naiintindihan ko sila. Sa batayan ng pag-unawang ito, pumapayag akong sumailalim sa pagsusuri.

I have received sufficient explanation about the necessity, and the possible procedural complications of the examination from a doctor in charge, having been shown the attached paper, "Explanation of Upper Gastrointestinal (GI) Endoscopy" [( ) transnasal、( ) transoral], and I have understood them. On the basis of this understanding, I consent to undergo the examination.

/別紙「上部消化管内視鏡検査の説明書」【( ) 経鼻式、( ) 経口式】により検査の必要性、偶発症について担当医より十分な説明を受け、その内容を理解したうえで、同意します。

\* Naiintindihan ko na kahit na pumayag ako sa pagsusuri, malaya akong bawiin ang aking awtorisasyon anumang oras

/\*I understand that even if I consent to the examination, I am free to withdraw my authorization at any time.

/※同意された場合でも、いつでも撤回することができます。

Taon/Year/年 Buwan/Month/月 Araw/Day/日

Pangalan ng Pasyente/Patient name/患者氏名 (Lagda/Signature/自署)

Petsa ng pagpapaliwanag/Date of explanation/説明日時

Taon/Year/年 Buwan/Month/月 Araw/Day/日

Doktor na nagbigay ng paliwanag/Physician providing explanation/説明医師:

Saksi/Witness/同席者:

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