**Form ng Pagpaparehistro ng Pasyente /Patient Registration Form**

**/****診療申込書**

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| **Pangalan/Name**  **/氏名（カナ）** | （ Mangyaring sumulat sa Ingles o kana/英字またはカナで書いて下さい） | | | **Kasarian/Sex** **/性別** | □Lalaki/Male/男  □Babae/Female/女 | |
| **Petsa ng kapanganakan**  **(YYYY/MM/DD)**  **/Date of birth (YYYY/MM/DD)**  **/****生年月日** | Taon/Year/年  　　Buwan/Month/月  　　 Araw/Day/日 | | | **Edad/Age** **/年齢** | taong gulang/years old/歳 | |
| **Address o tirahan sa Japan/Address or accommodation in Japan/住所又は日本での滞在先** | | | | | | |
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| **Address sa sariling bansa (para sa panandaliang bisita lamang)**  **/Address in home country (for short-term visitors only)/本国の住所（短期滞在者のみ）** | | | | | | |
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| **Telepono (Tahanan)**  **/Phone No. (Home)**  **/電話（自宅）** | |  | **Cellphone (Mobile)**  **/Phone No. (Mobile)**  **/電話（携帯）** | | |  |
| **Nasyonalidad**  **/Nationality**  **/国籍** | |  | **Kahilingan ng interpreter**  **/Interpreter request**  **/通訳の希望** | | | □Oo/Yes/必要  □Hindi/No/必要でない |
| **Wika**  **/Native language**  **/母国語** | |  | **Hanapbuhay**  **/Occupation**  **/職業** | | |  |
| **Iba pang mga wikang ginagamit**  **/Other languages spoken**  **/母国語以外に**  **対応可能な言語** | |  | **Mga espesyal na isinasaalang-alang ayon sa iyong relihiyon, atbp.**  **/Special considerations required for religious reasons and so on**  **/宗教などの理由により**  **特別に配慮が必要な事項** | | |  |

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| **Mga detalye ng contact kung may emergency /Emergency contact details/緊急連絡先** | | | | | |
| **Pangalan/Name** **/氏名** |  | | **Relasyon /Relationship** **/患者との関係** | |  |
| **Address/Address** **/住所** |  | | | | |
| **Telepono (Tahanan)**  **/Phone No. (Home)** **/電話（自宅）** |  | **Cellphone (Mobile)**  **/Phone No. (Mobile)** **/電話（携帯）** | |  | |

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| **●Estado ng paninirahan sa Japan/Residential status in Japan**/**日本での滞在状況を教えて下さい。** | |
| □Residente/Resident/居住  □Panandaliang pananatili/Short-term stay/短期滞在  （□Negosyo/Business/ビジネス □Bakasyon/Vacation/旅行）  □Estudyante/Student/留学生 □Iba pa/Other/その他（　　　　　　　　　） | |
| **●Mga dahilan sa pagpili ng ospital/klinika na ito/Reasons for choosing this hospital/clinic**  **/当院を選んだ理由を教えて下さい。** | |
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| **●Ito ba ang iyong unang pagbisita sa ospital/klinikang ito?**  **/Is this your first visit to this hospital/clinic?**  **/当院の受診は初めてですか。** | □Hindi/No/いいえ  □Oo/Yes/はい |
| **●Mayroon ka bang liham ng referral?**  **/Do you have a referral letter?**  **/紹介状はありますか。** | □Wala/No/なし  □Meron/Yes/あり（　　　　　　　　）  Pangalan ng nagrefer na institusyong medikal  /Name of referring medical institution  /紹介元医療機関（　　　　　　　　） |
| **●May appointment ka ba?**  **/Do you have an appointment?**  **/予約はしていますか。** | □Wala/No/なし  □Meron/Yes/あり |
| **Uri ng health insurance /Type of health insurance/保険の種類** | |
| □Health insurance mula Japan/Japanese health insurance/日本の保険  （□pampubliko /public/公的保険 □pribado/private/プライベート保険）  □Health insurance mula sa ibang bansa/Overseas health insurance/海外の保険  （Pangalan ng kompanya ng insurance/Name of insurance company/保険会社名: ）  \***Mangyaring ipakita ang iyong card/katibayan ng health insurance o iba pang medical ID kung mayroon**  **/Please present your primary and/or other medical insurance certificate**  **/保険証やその他の医療証をお持ちの場合はご提示ください。**  □Walang health insurance/Uninsured/保険に加入していない | |

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| **Mga departamentong medikal na gusto mong bisitahin /Medical departments you would like to visit**  **/希望される診療科** |
| □Panloob na panggagamot /Internal Medicine/内科 □Psychosomatic ng panggagamot/Psychosomatic Medicine/心療内科  □Neurolohiya/Neurology/神経内科 □Pulmonolohiya/Pulmonology/呼吸器科  □Gastroenterolohiya‎/Gastroenterology/消化器科 □Kardiolohiya /Cardiovascular medicine/循環器科 □Panggagamot para sa sakit sa bato/Nephrology/腎臓内科  □Pedyatriya /Pediatrics/小児科  □Operasyon/Surgery/外科 □Operasyon para sa sakit sa buto/Orthopedic surgery/整形外科 □Operasyon para sa sistemang nerbyos/Neurosurgery/脳神経外科  □Operasyon para sa dibdib/Thoracic Surgery/呼吸器外科  □Operasyon para sa sakit sa puso/Cardiovascular Surgery/心臓血管外科 □Dermatolohiya/Dermatology/皮膚科  □ Urolohiya /Urology/泌尿器科 □Panggagamot sa mga buntis at ginekolohiya /Obstetrics and Gynecology/産婦人科 □Panggagamot sa mata /Ophthalmology/眼科  □Panggagamot para sa tainga, ilong at lalamunan /Otorhinolaryngology/耳鼻科 □Panggagamot sa ngipin/Dentistry/歯科  □Iba/Other/その他（ ） |

\* Ang iyong personal na impormasyon ay gagamitin alinsunod sa mga regulasyon ng institusyon.

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

/患者様の個人情報については、院内の規定に基づき対応させていただきます。

\* Kukuha kami ng kopya ng iyong photo ID para sa pag-verify.

/We will take a copy of your photo ID for verification.

/本人確認ができる写真付き身分証明書のコピーをとらせていただきます。

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This English translation has been prepared under the supervision of doctors, legal experts or others. When any difference in interpretation arises because of a nuanced difference in related languages or systems, the Japanese original shall be given priority.

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