

Talatanungan sa Operasyon/Surgery Questionnaire/外科 問診票

Pangalan ng pasyente/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	(Taong gulang/Years old/歳)			BP=	mmHg.	
	cm/cm	kg/kg		RR=	min./min./分	
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:			SPO2=	%	
				kasarian/Sex/性別	<input type="checkbox"/> Lalaki/Male/男性 <input type="checkbox"/> Babae/Female/女性	

Ano ang problema ngayon? (Lagyan ng check ang lahat ng naaangkop.)/What is the problem today? (Check all that apply.)
 /今日は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。)

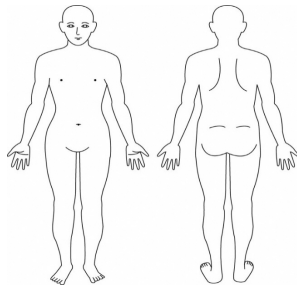
- | | | | | | |
|--|--|--|---|--|--|
| <input type="checkbox"/> Pamamaga/Swelling/腫脹 | <input type="checkbox"/> Sakit/Pain/痛み | <input type="checkbox"/> Bukol/Lump/しこり | <input type="checkbox"/> Lagnat/Fever/発熱 | <input type="checkbox"/> Hemorrhoid/Hemorrhoid/痔 | <input type="checkbox"/> Pagtitibi/Constipation/便秘 |
| <input type="checkbox"/> Dugo sa dumi/Blood in stool/便に血が混じる | <input type="checkbox"/> Pagbaba ng timbang/Weight loss/体重減少 | <input type="checkbox"/> Walang gana kumain/Loss of appetite/食欲がない | <input type="checkbox"/> Pagtatae/Diarrhea/下痢 | <input type="checkbox"/> Pagduduwal/Nausea/吐き気 | <input type="checkbox"/> Pagsusuka/Vomiting/嘔吐 |
| <input type="checkbox"/> Pilay/Sprain/ねんざ | <input type="checkbox"/> Pinsala/Injury/けが | <input type="checkbox"/> Pagkaing nakabara sa lalamunan/Food stuck in throat/食事がどにつかえる | <input type="checkbox"/> Iba pa/Other(s)/その他: | | |
- Ako ay pinayuhan ng ibang klinika/ospital (o sa isang regular na 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)

Suriin ang lahat ng naaangkop sa iyong dumi./Check all that apply about your stool.
 /便の性状にしてください。

- | | | | | | |
|---|--|---|---|--|---|
| <input type="checkbox"/> Kulay abo puti/Grayish white/灰白色 | <input type="checkbox"/> kayumanggi/Brown/茶色 | <input type="checkbox"/> Itim/Black/黒色 | <input type="checkbox"/> Duguan/Bloody/血便 | <input type="checkbox"/> Matubig/Watery/水様 | <input type="checkbox"/> Malambot/Soft/軟便 |
| <input type="checkbox"/> Normal/Normal/普通 | <input type="checkbox"/> Matigas/Hard/硬い便 | *Dalas ng dumi bawat araw _____ (mga oras/araw)
/Stool frequency per day/一日の排便回数: /time(s)/day/回/日 | | | |

Ilarawan ang iyong mga sintomas./Describe your symptoms.
 /症状についてご質問します。

Biligan 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。



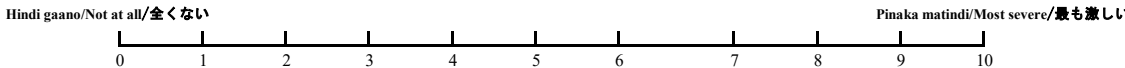
Kailan nangyayari ang sintomas?/When does the symptom occur?
 /症状はどのようなときに現れますか。

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Umaga/Morning/朝 | <input type="checkbox"/> Araw/Daytime/昼 | <input type="checkbox"/> Gabi/Evening/夕方 | <input type="checkbox"/> Habang nasa kama/While in bed/就寝中 |
| <input type="checkbox"/> Pag gising/When waking up/起床時 | <input type="checkbox"/> Hindi regular/Irregular/不定期 | <input type="checkbox"/> Iba pa/Other(s)/その他: | |

Ano ang sintomas?/What is the symptom like?
 /症状はどのような性質を持っていますか。

- pare-pareho/Constant/絶え間なく、続いている
- Dumarating at nawawala ang sintomas/The symptom comes and goes/症状が出たり消えたりしている
- Ang sintomas ay unti-unting lumalala/The symptom is gradually worsening/徐々にひどくなってきている
- Iba pa/Other(s)/その他

Kung ilalarawan mo ang sintomas sa suklat na 1 - 10, gaano ito kalubha? Biligan 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おをつけてください。



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 tungkol 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、飲んでいる薬はありますか? ※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 kundisyon 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」に回した人は、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 (下記リスト番号可)	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/治癒 <input type="checkbox"/> Kasalukuyang ginagamot/Under treatment/現在治療中 <input type="checkbox"/> Itinigil ang paggamot/Withdrawal of treatment/治療中断 <input type="checkbox"/> Hindi ginagamot/Untreated/未治療	
	<input type="checkbox"/> Gumaling/Recovered/治癒 <input type="checkbox"/> Kasalukuyang ginagamot/Under treatment/現在治療中 <input type="checkbox"/> Itinigil ang paggamot/Withdrawal of treatment/治療中断 <input type="checkbox"/> Hindi ginagamot/Untreated/未治療	
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	<input type="checkbox"/> Gumaling/Recovered/治癒 <input type="checkbox"/> Kasalukuyang ginagamot/Under treatment/現在治療中 <input type="checkbox"/> Itinigil ang paggamot/Withdrawal of treatment/治療中断 <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 d. Iba pa/Others /その他
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. Pulmonary tuberculosis/Pulmonary tuberculosis /肺結核 e. Iba pa/Others /その他
④ Sakit sa bato at urological/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/ihi /Renal/urinary stone /腎・尿管結石 c. Impeksyon sa daluyan ng ihi /Urinary tract infection /尿路感染症 d. Iba pa/Others /その他
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. Pagdurugo ng tserbral/Cerebral hemorrhage /脳出血 c. Epilepsy/Epilepsy /てんかん d. Iba pa/Others /その他
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/Hyperlipidemi a /高脂血症 c. Thyroid gland malfunction /Thyroid gland malfunction /甲状腺機能障害 d. Hypericemia/Hypericemia e. Iba pa/Others /その他
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
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 d. Iba pa/Others /その他
⑩ Malignant na tumor/Malignant tumor /悪性腫瘍	a. Kanser sa tiyan /Stomach cancer/胃癌 b. Kanser sa bituka/Colon cancer/大腸がん c. Kanser sa atay/gallbladder/pancreatic /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
⑪ Sakit sa utak/Mental disease /精神の疾患	a. Depresyon/Depression /うつ病 b. Schizophrenia/Schizophr enia /統合失調症 c. Iba pa/Others /その他
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. Dizziness/Dizziness /めまい c. Ingay sa tenga /Ear noise/耳鳴 d. Allergy sa pollen/Pollen allergy/花粉症 e. Iba pa/Others /その他
⑬ Sakit sa dugo /Blood disease /血液の疾患	a. Anemia/Anemia/貧血 b. Leukemia/Leukemia /白血病 c. Iba pa/Others /その他
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) c. Iba pa/Others /その他

**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」に印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	Kailan ka naoperahan /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 blangko 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 Oo/Yes /はい Dating regular na 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"/> Hapon 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 :

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