### Instruction for filling in forms

1. Do not fill in the fields marked by "*".
2. As hospitals with 300 - 599 beds, fill in the form for patients with the last digit of day of birth being 1, 3, 5, and 7.
3. As hospitals with more than 600 beds, fill in the form for patients with the last digit of day of birth being 3, 5, and 7.

### (1) Sex

<table>
<thead>
<tr>
<th></th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### (2) Date of birth

<table>
<thead>
<tr>
<th></th>
<th>(DD)</th>
<th>(MM)</th>
<th>(YY)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### (3) Address of patient

<table>
<thead>
<tr>
<th></th>
<th>Inside the municipality of hospital</th>
<th>Outside the municipality of hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### (4) Type of outpatient visit

<table>
<thead>
<tr>
<th></th>
<th>Initial visit</th>
<th>Return visit</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Outpatient visit</td>
<td>Date of previous consultation (visit)</td>
</tr>
<tr>
<td>2</td>
<td>On-call visit</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Outpatient visit</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>On-call visit</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Home visit consultation</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Home visit by person other than a physician</td>
<td></td>
</tr>
</tbody>
</table>

### (5) Circumstances of medical care

#### (1) Name of main diagnosis

When the name of main diagnosis is "Chronic hepatitis", "Hepatic cirrhosis" or "Malignant neoplasm of liver and intrahepatic bile ducts", circle one number from the list below.

- 1 HBV positive
- 2 HCV positive
- 3 HBV and HCV positive
- 4 HBV and HCV negative

When the name of main diagnosis is trauma (including intoxication), circle one number describing its cause from the list below.

- 1 Automobile accident
- 2 Cycle accident
- 3 Other traffic accidents
- 4 Sports accidents
- 5 Falls
- 6 Accident by causes other than 1-5
- 7 Self-harm
- 8 Assault
- 9 Unknown
- 10 Ischaemic heart diseases
- 11 Stroke
- 12 Peripher arterial occlusive disease
- 13 Diseases of the aorta
- 14 Chronic renal failure
- 15 Mental disorders
- 16 Other diseases
### 6) Payment method of medical fee

- **Private payment** (including specified medical care coverage)
- **Health insurances, public expenditure**
- **Long-term care insurance** (including in-home care support plan)

#### I (Health insurance and others)
- **01** Union health insurance or Mutual aid associations insurance (principal)
- **02** Union health insurance or Mutual aid associations insurance (family)
- **03** National health insurance
- **04** Retiree Health Care System
- **05** Medical care system for the Elderly
- **06** Workmen's or occupational accident compensation insurance
- **07** Automobile Liability Security Act
- **08** Other

#### II (Public expenditure)
- **09** Act on Prevention of Infectious Diseases and Medical Care for Patients Suffering Infectious Diseases
- **10** Act on Comprehensive Support for Social and Daily Living of Persons with Disabilities (Medical aid for children with potential disabilities, Medical rehabilitation service, Outpatient mental medical service)
- **11** Public Assistance Act (Medical Assistance)
- **12** Other public expenditure

### 7) Origin of referral

- **1** Hospital
- **2** Medical clinic
- **3** Dental clinic
- **4** Health care facility for the elderly requiring long-term care
- **5** Welfare facility for the elderly requiring long-term care
- **6** Others
- **7** Without referral

### 8) Circumstances at the time of visit

- **1** Normal visit
- **2** Emergency visit
- **3** On foot or by private vehicle etc
- **4** A visit in consultation hours
- **5** A visit outside consultation hours
- **6** When "2" or "3", indicate either

- **When "2" or "3", indicate either**
  - **1** A visit in consultation hours
  - **2** A visit outside consultation hours

Additionally, when the patient is covered by long-term care insurance simultaneously using health insurance and public expenditure, indicate both.