

患者氏名 :

患者 ID :

PATIENT REGISTRATION FORM

Name		Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of birth (YYYY/MM/DD)	/ /	Age	years old
Address or accommodation in Japan			
Address in home country (for short-term visitors only)			
Phone No. (Home)		Phone No. (Mobile)	
Nationality		Interpreter request	<input type="checkbox"/> Yes <input type="checkbox"/> No
Native language		Occupation	
Other languages spoken		Special requirements for religious reasons	

Emergency contact details			
Name		Relationship	
Address			
Phone No. (Home)		Phone No. (Mobile)	

● Immigration status in Japan			
<input type="checkbox"/> Resident <input type="checkbox"/> Short-term stay (<input type="checkbox"/> Business <input type="checkbox"/> Vacation) <input type="checkbox"/> Student <input type="checkbox"/> Other ()			
● Reasons for choosing this hospital/clinic			
● Is this your first visit to this hospital/clinic?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
● Do you have a referral letter?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
● Do you have an appointment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Type of health insurance			
<input type="checkbox"/> Japanese health insurance (<input type="checkbox"/> public <input type="checkbox"/> private)			
<input type="checkbox"/> Overseas health insurance (name of insurance company:)			
*Please present your insurance certificate or related documents if available.			
<input type="checkbox"/> Uninsured			
Medical departments you would like to visit			
<input type="checkbox"/> Orthopedics <input type="checkbox"/> Psychosomatic Medicine <input type="checkbox"/> Otorhinolaryngology <input type="checkbox"/> Dermatology <input type="checkbox"/> Internal Medicine			
<input type="checkbox"/> Surgery <input type="checkbox"/> Dentistry <input type="checkbox"/> Ophthalmology <input type="checkbox"/> Neurosurgery <input type="checkbox"/> Pediatrics <input type="checkbox"/> Obstetrics and Gynecology			
<input type="checkbox"/> Respiratory Medicine <input type="checkbox"/> Thoracic Surgery <input type="checkbox"/> Cardiology <input type="checkbox"/> Cardiovascular Surgery <input type="checkbox"/> Gastroenterology			
<input type="checkbox"/> Nephrology <input type="checkbox"/> Urology <input type="checkbox"/> Neurology			

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