Note This translation is just for reference purposes. Your answers must be entered on the original Japanese form.

Note Please fill in with a ballpoint pen.

Medical history	Under treatmen	Past history
00 no history →		
10 Hypertension		
11 Heart disease		
12 Liver disease		
13 Diabetes		
14 Dyslipidemia		
15 Gout		
16 Anemia		
17 Gastric or duodenal ulcer		
18 Kidney disease		
20 pulmonary tuberculosis		
21 Pleuritis		
22 bronchitis		
23 Bronchiectasis		
24 Bronchial asthma		

medical history	Under treatmen	Past history
25 Emphysema		
40 conjunctivitis		
41 Keratitis		
42 Cataract		
43 Retinitis		
54 Neuralgia		
55 Lower back pain		
60 Dermatitis		
61 Otitis media		
70 Meniere's disease		
71 Autonomic imbalance		
73 Parkinson's syndrome		
85 Organic solvent poisoning		
86 Chemical addiction		
88 Asbestosis		

○smoking	Yes	No	quited
Currently,do you			
Number of cigarettes per day			day
Number of years			Years

(※ Regular smoking is defined as having smoked during the last one month and either having smoked at least 100 cigarettes since starting or having smoked for at least 6 months)

If you recently quit smoking and have not smoked for at least the past one month,check"No"

○Drink liquor	Enter the appropriate number below.
Frequency	1. Every day 2. Sometimes 3. No drink
Glasses per day	1.Less than one 2.One or more but less than two 3.Two or more but less than three 4.Three or more

One glass equivalents:
180 ml of sake
500 ml (1 can) of beer
110ml of shochu (35%)

○Subjective symptoms

○Symptoms	Awareness (person himself)	doctor
000 no symptoms →		
100 Headache		
101		
102 **Dizziness or dizzy after standing**		
151 Vision loss		
153 Eye strain / pain		
202 The inside of my nose is tingling		
252 My throat is		
300 Skin irritation		
302 The skin turns red		
304 There is a crush on the skin		
355 Palpitations or shortness of breath		
400 I feel nauseous		
401 Vomiting what you ate		
402 Appetite loss		
404 I have a stomachache		
502 Hands, fingers and arms tremble		
503 Numbness		
504 My fingers and arms		
506 Numbness in the legs,waist		
507 I have a pain in my legs,waist		
508 Grip strength has weakened		
550 Weight loss		
551 Sleep disorder		
552 I feel uneasy		
553 get annoyed		
554 Lack of concentration		
182 *Lens turbidity		
303 *Dry skin		
305 *Abnormal nails		

○Symptoms	
821 *Abnormal patellar tendon reflex	
822 *Abnormal Achilles tendon reflex	

This is the doctor's objective entry field.

This is a doctor's entry field, please do not fill in anything.

--- ※診察医師コメントについての注意事項 ---
① 表記リストに他覚が無い場合 必ず『特になし』にチェック
② 特殊業務起因と考えられる症状のみ追加で記入
③ システム取込の為、綺麗な文字でお願いします
④ コメントのない場合でも必ず医師名(印鑑)を記入
⑤ ＊の付いた症状は特に他覚重視になります

● 診察医師コメント (特殊業務起因)

医師名