

For Patients Consulted at the Department of Psychosomatic Internal Medicine

Date:

Name _____ Age _____ y.o.

< Sex: M / F > < Single / Married / Divorced >

Occupation _____ (Type of work) _____

Phone Number (Please provide a phone number we can each as needed.) Tel. _____

1. Specify the issues you currently face. *Place in order, biggest issue first.

(1) _____

(2) _____

(3) _____

(4) _____

(5) _____

Other _____

2. Provide background information on the symptoms of the above problems.

(Give details such as when the symptoms started and under what circumstances, any change in the symptoms, history and results of treatment.)

◆ How did you hear about our Department of Psychosomatic Internal Medicine?

3. Have you had any serious illness, hospitalizations or surgery in the past?

Age	Illness	Hospital you were treated at	Details of treatment	Result of treatment
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

4. Do you have any allergies? Y / N

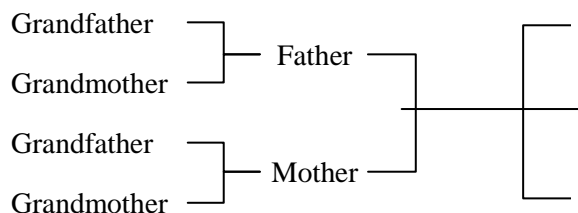
Medication _____

Food _____

5. List any medications you are currently taking.

6. Complete the following about the structure and medical history of your family.

*Include yourself and any brothers or sisters.



Relationship with anyone having the following illnesses

High blood pressure: _____

Stroke: _____

Heart disease: _____

Cancer: _____

Diabetes: _____

Asthma: _____

Mental illness: _____

* Who was primarily responsible for your upbringing?

(Father / Mother / Grandfather / Grandmother / Other)

7. Last school or employment

8. Daily routine

Time you get up: _____ Time you go to work/school: _____

Time you start work: _____ Time you finish work: _____

Average time spent commuting: _____ Average number of working hours: _____

Time you go to bed: _____ Average time spent sleeping: _____

Average number of holidays per week: _____

9. Stress relief

Number of meals a day: _____ Appetite: Bad / Good Number of cigarettes smoked a day: _____

Daily alcohol intake: _____ cups of Japanese sake, _____ bottles of beer, other _____

Sport: _____ Hobbies: _____

10. When you are well, you:

- | | | | |
|--------------------------------------------------------|----------|----------------------------------------|----------|
| (1) like working. | Yes / No | (9) value common sense. | Yes / No |
| (2) like to do things thoroughly. | Yes / No | (10) never do anything in the extreme. | Yes / No |
| (3) have a strong sense of responsibility. | Yes / No | (11) hate things that are different. | Yes / No |
| (4) respect duty. | Yes / No | (12) get excited easily. | Yes / No |
| (5) can't say no when someone asks you to do a favour. | Yes / No | (13) are usually cheerful. | Yes / No |
| (6) are no good at confrontation. | Yes / No | (14) like clearing things away. | Yes / No |
| (7) are frightened and nervous. | Yes / No | (15) are a tidy person. | Yes / No |
| (8) worry what others might think. | Yes / No | | |

11. What is your impression of your current situation? Please include any ideas you might have about possible factors that caused or triggered your symptoms (including stress arising from your living environment or personal relationships at home, school or work).

12. How would you like things to change or to change things in the future?
