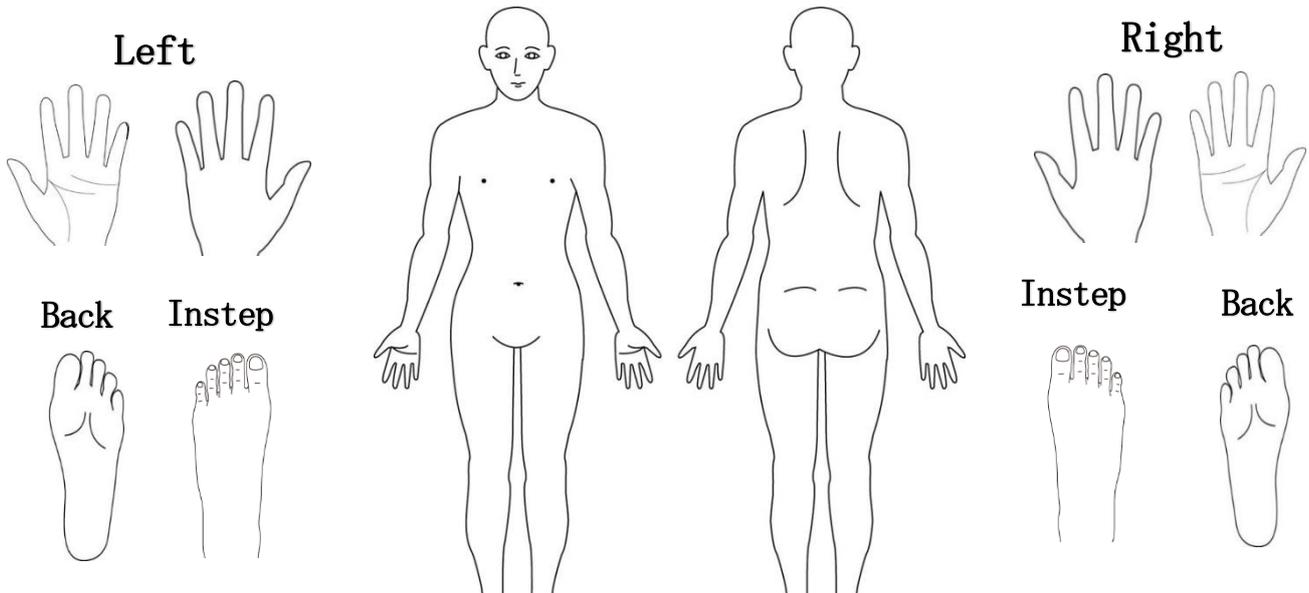


For Those Seeking Dermatology Outpatient Consultation

Name: Age: Height: cm Weight: kg

Phone Number: (Please provide a number where the hospital can reach you when necessary.)

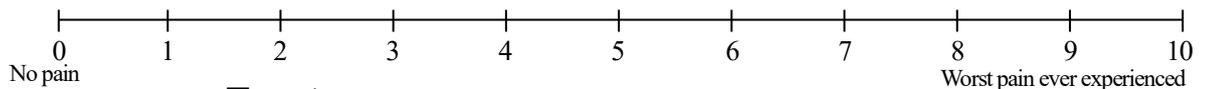
◆ Please **circle** the area(s) that you would like to **consult about today**.



Please answer the following about the symptoms you would like to consult about today.

◆ Since when do you have these symptoms?

◆ What kind of symptoms do you have? Itchiness
 Pain Please circle the value below that corresponds to your level of pain.



Rash, eczema

Others

◆ Have you ever had any of the following conditions?

Allergies/Allergic Reaction NO YES (YES→)

Asthma NO YES

Diabetes NO YES (oral medication insulin)

High Blood Pressure NO YES

Surgery NO YES (YES→)

Possibility of Pregnancy? NO YES

Currently Breastfeeding? NO YES

Do you take any blood thinning (antiplatelet, anticoagulant) medications? NO YES

The other past history

Please also fill out the **reverse side**

◆ Have you brought your medication notebook with you today? YES NO

Please list all medications you are currently taking. (Except for medicines of this hospital)

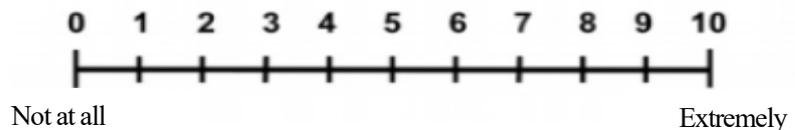
◆ Please answer the following questions regarding lifestyle.

History of smoking NO YES (.....cigarettes per day for years)

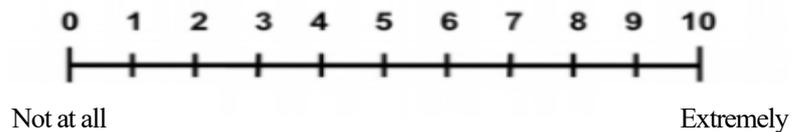
Do you consume alcohol? NO YES (.....times per week.....) only occasionally

◆ Please answer the below regarding your **mental state**.

(1) Please circle the below number that best averages how difficult the past week has been for you.



(2) To what extent did that difficulty affect your daily life?



(3) Are you currently undergoing dialysis at this or any other hospital? (Yes / No)

◆ At St. Luke's International Hospital, patients are treated with blood transfusion when deemed medically necessary.

Do you agree to undergo blood transfusion in the event it becomes medically necessary? YES NO

◆ To objectively evaluate your skin lesions, we may ask to take photos during the examination. **Confirmed**

If you do not consent to have photos taken of your lesions, please tell the doctor at the time of your consultation.

Thank you for your cooperation. Please submit to reception once completed.