<HEALTH QUESTIONNAIRE>

# For Patients Visiting the Department of Plastic & Reconstructive Surgery

| Name: | Age: | Patient Registration ID: |
|---|---|---|
| Phone Number<br>(Please provide a phone number we can reach as needed.) | | Tel: |

Please circle the appropriate answer. If necessary, specify in the blank space.

Today is my

A. First visit to St. Luke's Plastic and Reconstructive Surgery.

B. This is not my first visit. (same issue as last visit)

C. This is not my first visit. (different issue from last visit)

- Have you ever received treatment from or undergone consultation with Dr. Otake or Dr. Matsui?
  Yes, I received treatment from Dr. Otake/ Dr. Matsui at ______________hospital/ clinic.
- Do you have a referral letter from another hospital or another department of St. Luke's International Hospital? ☐Referral letter from another hospital ☐Referral letter from St. Luke's ☐No
- Have you ever received treatment or undergone consultation at another hospital regarding your current condition? ☐Yes ☐No
  If you know what kind of treatment you received, please provide details below. (If you have a referral letter, you do not need to fill out this part.)
- Which part of your body would you like to consult about?
  Head or Face ・・・☐Eye ☐Nose ☐Mouth ☐Ear ☐Others
  ☐Chest ☐Abdomen ☐Back ☐Arm ☐Hands(Right/Left) ☐Fingers (Right/Left)
  ☐Legs (Right/Left) ☐Other( )
- How long have you been suffering from your problem? ______________________________________
- What kind of symptoms do you have? ____________________________________________________
  Are you allergic to any medications or food? YES: The name of the medication/food is _____________
  NO
- Have you ever had any serious illness, injuries or operations? YES: _____________________________
  NO
- Questions for women:
  Are you pregnant or is there a possibility that you are pregnant? ☐Yes ☐No
- If you have any feedback or comments to our department, please indicate below.
- When we call you from the hospital, is it alright to give our hospital and department name?
  ☐Yes ☐I wish for the hospital to use my physician's name only

***We are afraid that the initial appointment is limited to 20minutes.**

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