聖路加国際病院





Patients Visiting the Oral Surgery Outpatient Clinic < Medical Questionnaire >

Name:	Age:	Occupation:	Pati	ient ID Number:
Contact number (A number that the hospital can call)		l) Tel:	•	Nationality:

For a comfortable and safe oral surgery consultation, it is very important for us to know about your physical condition. Please answer the questions below.

What is the reason for your visit today? Please write down	your symptoms in detail.
(Example: gums are swollen, jaw joints hurt, an ulcer on t	the tongue, tooth removal, etc.)
When did these symptoms appear?	
Have you ever developed a serious or significant condition	? (YES NO)
Please circle the following or fill-in the 'others' section if yo	ou have any known diseases.
Asthma • Diabetes • High blood pressure • Heart d	isease • Liver disease • Kidney disease • Blood
disease • Gastroenterological disease • Osteoporosis	
Others (/ ************************************
Is there a hospital you currently visit?	(YES NO)
St. Luke's International Hospital • A hospital other than S Do you currently take any medicine?	t. Luke s <u>Hospital</u> <u>Dep t.</u> (YES NO)
Please circle the following or write down the names of the	·
☐ Only medicines prescribed at St. Luke's	nedicine.
You have brought in your 'medicine notebook'	
Are you allergic to any medicine?	(YES NO)
Please write the name of the medicine and your reaction.	
Do you have any allergies other than to medicine?	(YES NO)
(Example: Latex, metal, food, etc.)	
Have you ever been told you have high blood pressure?	(YES NO) B.P /
Is it hard to stop once you start to bleed?	(YES NO)
Have you ever had a tooth removed?	(YES NO)
Have you ever had dental anesthesia?	(YES NO)
Were there any abnormalities when you had a tooth remove	ed or during anesthesia? (YES NO)
Please describe the abnormality in detail. (Example: Naus	ea)
Do you smoke? □Yes, currently □Used to □Have n	
Number of cigarettes //d	
Do you drink alcohol? NO • YES (Every day • Ev	rery week • Sometimes)
For women Currently Pregnant months months	□Unsure □Not pregnant
Currently	□Not breastfeeding
At St. Luke's International Hospital, patients are treated wit	h blood transfusion when deemed medically necessary.
Do you agree to undergo blood transfusion?	(YES NO)
Others: Please write down anything you are worried or con	ncerned about.

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