

Ambulatory Care Center for Children

<Medical Interview Form>

Clinic Hours 8 : 30 ~ 11 : 00 AM on weekdays

Off Hours

We will provide temporary treatments and medication during the off hours.

Emergency patients will be given priorities, so please allow you some waiting time.

Also, please note that you will be asked to visit your family doctor or attending physician on the following day, regardless of the conditions.

- Please provide the following information.

Name		
Age	y m	M · F
Phone Number (Please provide a phone number we can each as needed.)	Tel.	
Weight	Kg	

- How long have you been suffering from your problem? What are your symptoms?

- Are you allergic to any medication or food? If "Yes", please give names and details.

Drug Yes (_____) No

Food Yes (_____) No

Others Yes (_____) No

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