



Registration/Changes to Registration Information

PLEASE ALSO SEE REVERSE

<input type="checkbox"/> Registration	
<input type="checkbox"/> Changes to Registration Information: 1) Address 2) Name	Patient Registration Card Number
<input type="checkbox"/> Reissue of Patient Registration Card	

Family Name		First Name	Sex
			1. M 2. F
Date of Birth	mm/dd/yy	Age	Nationality
Address in Japan or Hotel name	Zip code _____		Staying until(date): _____
Primary Phone Number	Please provide a phone number we can reach as needed.		
	Tel: _____ <input type="checkbox"/> The patient in question <input type="checkbox"/> Family member (Relationship: _____ Name _____ )		
Secondary Phone Number	Tel: _____		
	<input type="checkbox"/> The patient in question <input type="checkbox"/> Family member (Relationship: _____ Name _____ )		
Place of Employment	Tel: _____		
Have you ever been to this hospital* <sup>1</sup> ?	Yes	No	
Do you have a referral letter from another hospital?	Yes	No	
Do you have Japanese health insurance?	Yes	No	
Do you have an appointment?	Yes	No	
If "No", please indicate the department you would like to visit today.			

\*<sup>1</sup> St. Luke's International Hospital Affiliated Clinic Center for Preventive Medicine, St. Luke's MediLocus, St. Luke's Maternity Care Home

By filling out this registration form, you are considered to have understood our "Objectives of Hospital Management" and agreed to the consultation, medication and various tests (including HBV, HCV and HIV test) to be carried out in the hospital. In addition, please refer to the information posted in the hospital concerning the treatments and surgeries which require the special submission of a consent form. Information about "Patients' Rights" and "Patients' Responsibilities" is also posted in the hospital. Furthermore, as this is a teaching hospital, please be aware that medical students and residents may attend all consultations and treatments. Thank you for your understanding and cooperation.

For office use only

受付	説明	入力	案内

95・98・93(交)・91(労)・95→91(労災)

■入力処理後、予約センターへ

## Registration for "Kakaritsuke-i" (Primary Care Doctor)

"Kakaritsuke-i" means a primary care doctor.

If you have a hospital / clinic where you usually go for consultation or for medicine when you are sick, we will register it as your "Kakaritsuke-i".

Please provide the following information where possible.

Name of hospital or clinic \_\_\_\_\_

Department \_\_\_\_\_

Name of physician \_\_\_\_\_

Address \_\_\_\_\_

Telephone no. \_\_\_\_\_

For what symptoms do you usually see your doctor?  
(i.e., diabetes, high blood pressure, lumbago, cold, etc.)

\_\_\_\_\_

: I agree to register the above hospital / clinic as my "Kakaritsuke-I".

..... **For office use only** .....

患者 ID	氏名	当日受診科

SLIH-2017.8.15-Ver:8.00