



**Registration/Changes to Registration Information**

**PLEASE ALSO SEE REVERSE**

<input type="checkbox"/> Registration	<b>Hospital ID No.</b>
<input type="checkbox"/> Changes to Registration Information: 1) Change of Address 2) Change of Name	
<input type="checkbox"/> Reissue of ID Card	

<b>Family Name</b>	<b>First Name</b>	<b>Maiden Name</b>	<b>Sex</b> 1. M 2. F
<b>Date of Birth</b>	mm/dd/yy	<b>Age</b>	<b>Nationality</b>
<b>Address</b>	〒 _____		
<b>Primary Phone Number</b>	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 _____ )		
<b>Secondary Phone Number</b>	Tel: _____ <input type="checkbox"/> The patient in question <input type="checkbox"/> Family member (Relationship: _____ Name _____ )		
<b>Place of employment</b>	Tel: _____		
<b>Have you ever been to this hospital?</b>	Yes	No	
<b>Do you have a referral letter from another hospital?</b>	Yes	No	
<b>Do you have Japanese health insurance?</b>	Yes	No	
<b>Do you have an appointment?</b>	Yes	No	
<b>If "No", please indicate the department you would like to visit today.</b>			

By signing this registration form, you are considered to have understood our "Objectives of Hospital Management" and agreed to the consultation, medication and various tests 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