

Patients Visiting the ENT Outpatient Clinic

Name :	Age :
ID NO. :	Occupation :
Phone Number (Please provide a phone number we can reach as needed.)	Tel :

1. Please specify your symptoms below.

What is your main concern?

From when?

How?

Are you in pain? No Yes

2. Have you been pointed out with any of the following diseases?

High blood pressure Diabetes Asthma Cardiac disease Psychiatric disease Cerebral infarction
Intracerebral hemorrhage None

3. Have you ever experienced a major disease, hospitalization or surgery?

No Yes (Name of disease:.....)

4. Do you have any allergies to medication?

No Yes (Name of medication:.....)

5. Do you currently take any medications?

No Yes (Name of medication:.....)

6. Do you smoke?

- I have never smoked before.
- I used to smoke: Quit () years ago
- I currently smoke: () cigarettes/day× ()years

7. Do you drink alcohol?

- No
- Yes: (every day, every week, occasionally)
Amount of intake per day: Japanese sake/Shochu () glasses, Beer ()ml, Wine () glasses

8. Questions for women.

- Are you possibly pregnant? No Yes (pregnancy: months)
- Are you currently breastfeeding? No Yes

9. At St. Luke's International hospital, patients are treated with blood transfusion when deemed medically necessary.

Do you agree to undergo blood transfusion? YES NO

※Please hand this to the receptionist when you are finished.