For patients who come to the pediatric department

■ 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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English-language sentences shall conform to their Japanese-language counterparts.
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