

# Registration & Medical Questionnaire

(Only ①name,②today's symptoms if you wrote a registration sheet before)

Sex	Male	Female	Other	Address	〒 (                      -                      )
Name					
Age					
Date of birth				Nationality	
Phone				Mobile	

**Have you ever had any major illnesses before?**

**Are you currently under medical treatment?**

Non    Hypertension    Diabetes mellitus    Dyslipidemia    Asthma    Stroke    Heart disease  
 Others (                      )  
 Surgery (                      )

**Do you have your home doctor?**

No    Yes    (hospital/clinic :                      )

**Are you currently taking any medication?**

No    Yes (                      )

**Do you have any allergy?**    No    Yes (                      )

**Do you smoke cigarettes?**    no    yes (                      per a day )

**How often do you drink alcohol?**    no    yes (                      times/week)

**Today's symptoms**

**BT**                      °C                      **Height**                      cm                      **Weight**                      kg

- What is your symptom today? (                      )
- When did it start? : (                      )
- Pregnant                      •  Brest-feeding
- Please write down if you have something to tell to doctor.

**Instruction for examination (Use on clinic)**

- |                                     |   |
|-------------------------------------|---|
| <input type="checkbox"/> Blood test | <input type="checkbox"/> Rapid check  |
| <input type="checkbox"/> Urine test | <input type="checkbox"/> Drip <input type="checkbox"/> Inhalation <input type="checkbox"/> Nose suction |
| <input type="checkbox"/> ECG        | <input type="checkbox"/> Reference letter   |
| <input type="checkbox"/> X-ray      | <input type="checkbox"/> Prescription ( In-clinic · Out-of-clinic )                                     |
| <input type="checkbox"/> US         | <input type="checkbox"/> Recheck · Payment  |

※We make a copy of your insurance card only for medical use.