

Medical History

Have you ever contracted any of the diseases below? (現在治療中の病気または過去に治療を受けた病気はありますか?)

- ☐ diabetes (糖尿病) ☐ high blood pressure (高血圧症) ☐ benign prostatic hypertrophy (前立腺肥大症) ☐ heart disease (including arrhythmia) (心臓疾患／不整脈も含む)
- ☐ liver disease (肝臓疾患) ☐ brain disease (脳疾患) ☐ hyperlipidemia (高脂血症) ☐ glaucoma (緑内障)
- ☐ other: Your injury below. (その他:下記にご記入ください)

Are you currently taking any medicines? (飲んでいるお薬はありますか?)

- ☐ No
- ☐ Yes: Your injury below.

Do you have any allergies for food or medicines? (お薬や食品でアレルギーが出たことはありますか?)

- ☐ No
- ☐ Yes: Your injury below.

[Food]

[Medicine]

Have you ever had surgery? (手術を受けたことはありますか?)

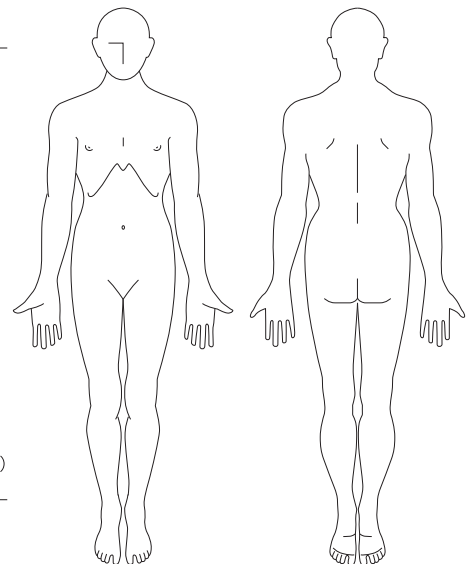
- ☐ No
- ☐ Yes: Your injury below.

[When?]

(いつ頃ですか?)

[On which part of your body have you had surgery?]

(体のどの部分を手術しましたか?)



Please indicate on the adjacent diagram and describe below. (隣の図に表記してください)

Did you eat a meal before you came? ☐ No ☐ Yes
(食事はされて来ましたか?)

▶ women

Are you pregnant? (妊娠中ですか?) ☐ No ☐ Yes

Are you currently breastfeeding? (授乳中ですか?) ☐ No ☐ Yes