Pediatric Inquiry Form

Last name First name

□Male □Female

Nationality:

Date of Birth Year: Month: Day: Height: cm, Weight: kg

Address

Phone number ( ) Mobile phone number ( )

★ Chief complaint(s)

□Fever (temperature_____℃) □Runny nose □Cough □Headache

□Sore throat □Rash □Nausea □Vomiting □Stomachache □Diarrhea

□Other( )

★How long has he/she had this?

____hour(s) ____day(s) ____week(s)___month(s)

★Birth History

Weight at birth: ( ) g Height at birth: ( )cm

Delivery: □Normal □Complicated □Caesarian section

★Illness and Surgical History

□Exanthema subitum、□Feblile convulsions or Epilepsy、□Measles、□Rubella、□Chickenpox、□Mumps、□Whoopng cough 、□MCLS(Kawasaki disease)

Has he/she had any operations before?

□No □Yes (What?：)

★Is the child presentry taking medication?

□No □Yes (What?：)

★ Has the child ever been any allergic disease?

□No □Yes (Asthma、Atopic dermatitis、Allergic rhinitis、Food allergy)

★ Has the child ever been allergic to anything? (medicine, food, other)

□No □Yes (What?：)

★Family

How old is his/her father?：_____ mother?：_____

Does he/she have any brothers or sisters?

□No □Yes (How many?)

Any pets? □No □Yes (Dog、Cat、other：)

★What kind of internal medicine can the child take?

□Syrup □Powder □Tablet or Capsule

★Is the child covered by Japanese Health Insurance or private medical insurance? □No □Yes

Please return this form. Thank you