【Consultation Application Form】

(For individual patient)

Date of Submission: ＿＿＿(YYYY)＿＿＿(MM)＿＿＿(DD)

1.  Basic Information

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Patient Name  (last, first) |  | | | | | |
| Date of birth | YYYY/MM/DD  　/　　/　　/　　 Age | | Sex |  | Nationality  (Consistent with Passport) |  |
| Email address |  | | Phone (+country) | | + - | |
| Patient registration | First time　Already registered (Clinic Medical checkup）Hospital ID: | | | | | |
| Planned schedule for visiting Japan | From:  To: | Visa category |  | | Occupation |  |

2．Medical Information

|  |  |
| --- | --- |
| Disease(s)  \* in order of priority |  |
| Reasons for consultation  (multiple choices allowed) | To have detailed examinations, definite diagnosis, and/or explanation on possible treatment options.  To receive medical treatments in Japan  To have proxy/remote second opinion consultation  Others (please list your questions in case of proxy/report second opinion consultation)  　　1．  　　2．  　　3． |
| Past medical history and family history |  |
| History of present illness  (incl. test results and treatments received) | Current symptoms and physical conditions (incl. ADL): |
| History of present illness (in chronological order):   \* Please attach, if any, discharge referral, diagnosis report and/or others in English or Japanese。 |
| Current medication |  |
| Other medical data | Referral　Medical images on CD-ROM　Films　Others (　　　　　　　　　　) |
| Remarks | For example: No of patient’s companions (if any) and their relation with patient  \* Please attach a copy of passport photo page. |