【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. |