## [Consultation Application Form]

(For individual patient)

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

## 1. Basic Information

Patient Name (last, first)	Narita Hanako					
Date of birth	YYYY/MM/DD / / / Age		Sex		Nationality (Consistent with Passport)	
Email address	0000@00		Phone	e (+country)		0-00-000
Patient registration	□First time □Already registered (□Clinic □Medical checkup) Hospital ID:					
Planned schedule for visiting JapanFrom:Visa category				Occupation		
2. Medical Information						
Disease(s) * in order of priority	/					
Reasons for consultation (multiple choices allowed)	<ul> <li>To have detailed examinations, definite diagnosis, and/or explanation on possible treatment options.</li> <li>To receive medical treatments in Japan</li> <li>To have proxy/remote second opinion consultation</li> <li>Others (please list your questions in case of proxy/report second opinion consultation)         <ol> <li>1.</li> <li>2.</li> <li>3.</li> </ol> </li> </ul>					
Past medical history and family history						
	Current symptoms and physical conditions (incl. ADL):					
History of present illness (incl. test results and treatments received)	<ul> <li>History of present illness (in chronological order):</li> <li>MMM/YYYY Had xxx test and diagnosed with xxxx at the xxx hospital in (country) (if you have images, pls attach)</li> <li>From MMM/YYYY to MMM/YYY Received xxx treatments in xxx hospital in (country) according to the plan attached (if you have yet to receive any treatments, pls describe your current doctor's suggestion or treatment plan).</li> </ul>					
	* Please attach, if any, discharge referral, diagnosis report and/or others in English or Japanese.					
Current medication	See the attached copy.					
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 <u>* Please attach a copy of passport photo page.</u>					