Simple Interview Form of pre-medical exam.

		Date	/	/
NAME				
Address (カタカナ))			
1. What are your sym _l	ptoms or tro	oubles that yo	u are suf	fering now?
2. Scince when?()
3. Do you have any all	lergies to an	y medication	s or food	ls? chech 🗸
\Box Yes(what?			•)
\square No				
4. Do you smoke?	□Yes	\square No		
5. Do you drink a lot?				
\Box Yes(what kind ?		,Amount?)	\square No
6. What is your prima	ry concerns	or information	on that y	ou want to
know most?				
Sorry!				
Drs' Major: Hepato.0	Gastoro-ente	erology and e	asy com	non diseases.
		Shmi	zu Medio	cal Clinic

欢迎 医生专门知识 胃・腸・肝・胆・膵・常見病 謝謝

