初診 ・ 再来初診　　記入年月日　　/　　/

ＩＤ＿＿＿＿＿＿＿＿＿＿＿＿　　紹介状：なし ・ あり（　　）

Questionnaire

Name＿＿＿＿＿＿＿＿＿＿＿＿

１．Regarding the reasons why you are visiting our hospital, please check all that apply. （症状について）

☐Chest pain ☐Abnormal heart beats ⇒ ☐Fast ☐irregular ☐Slow ☐Other (　　)

☐Shortness of breath ☐Leg swelling ☐Cough ☐Hypertension ☐ Abnormal findings on a screening test

☐Regular check-up ☐Other (＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿)

２．If you have any symptoms, please describe in detail. When did they start? What are the situations that make you feel them? （症状はいつからあるか）

＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿

＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿

＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿

３． Do you have any medications to relieve your symptoms? ☐ Yes ☐No （症状出現時に薬は使用したか）

If yes, please give the name of the medicines＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿

Do you find they work? ☐ Yes, immediately ☐ Not quite （薬効の有無）

４．Please list all the medications that you are currently taking ? (Prescription notebook ☐Yes ☐No)（薬）

☐No ☐Yes ＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿

＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿

Please provide the name of the hospital that gave you the prescription＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿

５．Do you smoke? ☐ Yes, currently. ☐ No, but I used to smoke. ☐ Never. （喫煙について）

If you smoke or used to smoke, how much and for how long?＿＿＿＿cigarettes/day, for＿＿＿＿＿years

６．Do you drink alcohol? ☐No ☐Yes （飲酒について）

If yes, how often? ＿＿＿＿days a week or＿＿＿＿days a month

What do you usually drink? ☐Sake ☐Wine ☐Liquor ☐Beer

How much do you drink per day? (　　)

７．Are you allergic to any medications or foods? If yes, please give details. （アレルギー）

☐No ☐Yes (＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿)

８．Have you received a diagnosis of any of the following diseases? （現病歴）

☐No ☐Yes ⇒ ☐Heart disease (Please specify＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿)

☐Hypertension ☐Diabetes ☐Hyperlipidemia ☐Hyperuricemia ☐Asthma

☐Kidney disease ☐Other (＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿)

９．Have you ever had any operations? If yes, please give details. （手術歴）

＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿(＿＿＿years old)

＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿(＿＿＿years old)

１０．Have any of your family members had any of the following diseases? If yes, please indicate the relationship to you in the brackets. （家族歴）

- Heart disease ☐No ☐Yes (　　)
- Stroke ☐No ☐Yes (　　)