

# Medical Information Form

kumamoto university health care center

Name				Sex	M	F
Date of birth		Age		Nationarity		
Faculty			Student registration number			

1 About a living condition, please add  mark to a thing to fall under.

How many times do you eat a day?	0-1 time, 1-2meals, 2-3 meals, 3 meals, more than three meals
How often do you drink?	I don't drink, sometimes, 2-3 days a week, 2-3 days a months, every day
How do you smoke ?	I don't smoke, I gave up smoking, I smoke ( Less than 10, 11-20, 21-30, more than 31 )
When do you go to bed and get up?	I go to bed at about _____ and get up at about _____.

2 Have I taken reexamination or treatment about the next thing by a conventional medical examination?

I add  mark to a number to fall under, and please fill it out about the age and result at that time if it has been popular.

**0 There is not it particularly**

- |   |                               |
|---|-------------------------------|
| 1 | Cardiac noise                 |
| 2 | Arrhythmia                    |
| 3 | Electrocardiogram abnormality |
| 4 | Urinary abnormality           |
| 5 | Anemia                        |
| 6 | Thyroid gland swelling        |

3 Have you ever had a major illness, injury or operation?

If there is it, please make entry of age at that time and the name of disease, an operation name.

4 About a recent state of health, cannot I think? Please add  mark to a number to fall under.

<b>0 There is not it particularly.</b>	10 It is stuffy.
1 Diarrhea continues more than one week.	11 I swooned.
2 There is not evacuation more than one week.	12 It is hard to hear an ear. ( I am not known. )
3 There is a stomachache.	13 I feel abnormality to eyes.
4 There are nausea and vomiting.	14 I feel abnormality in an ear, a nose, a throat.
5 I have a headache.	15 Menstrual pain is heavy.
6 A slight fever continues more than one week.	16 Menstruation is very irregular.
7 A cough and phlegm continue more than one month.	17 The sleep that cannot readily fall asleep is light at night
8 I feel arrhythmia and a heartbeat.	18 It is often that a feeling is sunk.
9 Heart becomes painful and it is used to occupy it.	19 Others ( )

5 About a state of health, do I want to talk? Please add  mark to a number to fall under.

**0 There is not it particularly.**

- |   |                                       |
|---|---------------------------------------|
| 1 | I want help with my physical problem. |
| 2 | I want help with my mental problem.   |