

# Medical Information Form

Kumamoto university health care center

Name					Sex
Date of birth		Age		Nationality	
Faculty				Student registration number	

1 Please circle the items that match your current living situation.

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

2 Have you ever had a follow-up or treatment for any of the conditions below?

Please circle the applicable number. If applicable, indicate your age at the time and the result.

0 Nothing in particular.

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 surgery?

If yes, please provide your age at the time, the name of the illness or injury, and the name of the surgery (if applicable).

4 Please circle the number that applies to your current state of health.

0 Nothing in particular.	10 I feel short of breath.
1 I've had diarrhea for more than a week.	11 I have a history of fainting.
2 I haven't had a bowel movement for over a week.	12 I have difficulty hearing.
3 I have a stomachache.	13 I have uncomfortable feeling in my eyes.
4 I feel nauseous and have been vomiting.	14 I have issues with my ear, nose, or throat.
5 I have a headache.	15 I have severe menstrual pain.
6 I've had a mild fever for more than a week.	16 I have irregular menstrual cycle. (Last period year month)
7 I've had a cough or phlegm for over a month.	17 I have trouble falling asleep and my sleep is light.
8 I've experiencing palpitations and irregular heartbeat.	18 I often feel low or depressed.
9 I have chest pain.	19 Others ( )

5 Do you have any health concerns? If yes, please mark the appropriate number with a circle.

0 Nothing in particular.

1 I want to consult about a physical issue.
2 I want to consult about a mental issue.