

No. _____

Application Form

初診申込書

 Date (YYYY/MM/DD) _____ / _____ / _____
 年 月 日

■ Application For 本日はどなたのことで来院しましたか

Last Name 姓 _____	Address 住所 _____
First Name 名 _____	_____
Gender 性別 <input type="checkbox"/> Male 男 <input type="checkbox"/> Female 女 <input type="checkbox"/> Other 他 _____	_____
Date of Birth (YYYY/MM/DD) _____ / _____ / _____	Nationality 国籍 _____
Age 年齢 _____	Language 言語 _____

■ Emergency contact or your companion information 緊急連絡先または同伴者

Last Name 姓 _____	Relationship 関係 _____
First Name 名 _____	Nationality 国籍 _____
Telephone 電話番号 _____	Language 言語 _____
Date of Birth (YYYY/MM/DD) _____ / _____ / _____	

■ Insurance 保険証

Japan National Health Insurance (*Kokumin Kenko Hoken* 国民健康保険)
 Japan Employee Health Insurance (*Shakai Hoken* 社会保険)
 Other insurance _____ I do not know
 Welfare (*Seikatsu Hogo* 生活保護) Please fill out below.
 Welfare office _____ Name of person in charge _____
 Do you have a medical voucher for today's visit? Yes, I do No, I don't

■ Do you have any letters from your doctor? 情報提供書はありますか

Yes, I do. I have a letter from _____ No, I don't

■ Do you have *Jiritsu Shien*? 精神通院自立支援医療は利用されていますか

Yes, I do (issued from this hospital issued from other hospital) No, I don't

■ Would you prefer to use in-house pharmacy or an outside pharmacy? 薬局について

In-house pharmacy Outside pharmacy

■ What is the purpose of your visit today? 来院の目的

Outpatient Visit Hospitalization Day Care or Day-Night Care
 Medical Report *If you have a designated format, please submit it at the reception desk in advance

■ How did you find us? 当院への紹介

Referral by other hospital or clinic _____ Referral by friend or family
 Referral by public or city office _____ Search engine (like Google)
 Other _____ Social media (like Instagram)

-----医療機関確認欄-----

診断書の提出 ⇒ あり なし
 診断書受付 ⇒ 済 なし