医療法人 社団 輔仁会

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 姓別 ☐Male 男 ☐Female 女 ☐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