Patient Registration Form 診療申込書

Full Name			Sex		□Male	\Box Female
Date of birth (YYYY/MM/DD)	/	/	Age			years old
Address or accommodation in Japan						
Postal code						
Address in home country (for short-term visitors only)						
Phone No. (Home)			Phone No. ((Mobile)		
Nationality	Native language					
Other languages spoken	□English □Chinese □Vietnamese □Tagalog □Spanish □Other()					
Interpreter required?	□Required □Not required					
Emergency contact details						
Full Name			1	Relationship	to patient	
Address						
Phone (Home) Phone (Mobile)						
•Please indicate your immigration status in Japan.						
$\Box Resident \Box Short-term (\Box Business \Box Travel) \qquad \Box Overseas student$						
\Box Other ()						
•Is this your first visit to this hospital/clinic?				□Ye	s	\Box No
•Do you have a letter of referral?				□Ye	s	□No
•Do you have an appointment?				□Ye	s	□No
•Is your visit today related to a work related accident (during work, commuting to or home from work) or a traffic accident?				work, $\Box Ye$	s	□No
Type of insurance						
□Japanese insurance (□public □private) □Overseas insurance (Name of insurance company:) <u>*Please present your insurance certificate or related documents if available.</u> □Not insured						
Medical department(s) you would like to visit						
1 Orthopedics2 Psychosomatic Medicine3 Otorhinolaryngology4 Dermatology5 Internal Medicine6 Surgery7 Dentistry8 Ophthalmology9 Neurosurgery10 Pediatrics11 Obstetrics & Gynecology12 Respiratory Medicine13 Thoracic Surgery14 Cardiology15 Gastroenterology16 Nephrology17 Urology18 Neurology19 Do not know which department to visit14 Cardiology14 Cardiology						

*Your personal information will be handled in accordance with the regulations of the institution. * Regarding the payment of medical fees, please confirm with the institution if there are extra payments (ex. "sentei iryo hi" or fee for elective health care, such as a non-referral visit additional fee, etc.).