

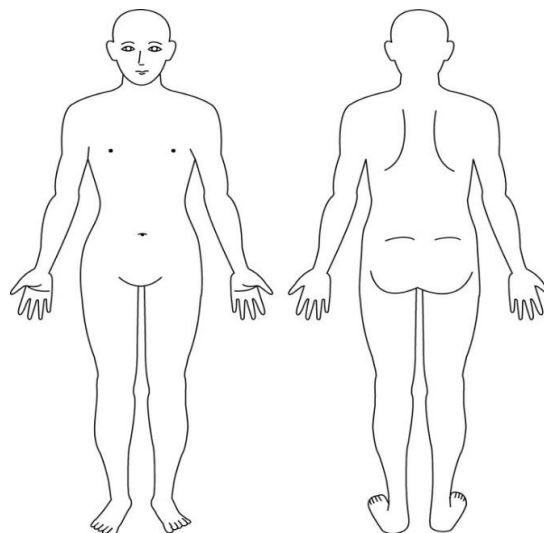
Name: \_\_\_\_\_

Body Temperature: \_\_\_\_\_ °C

**\* Please inform receptionist if you are having high fever or suspected any infectious disease \*****Please answer the questions below**

- 1 What symptoms do you have?  
Please chose your symptoms and mark the body part on the picture.

- ☐ Pain      ☐ Itchiness      ☐ Swelling  
☐ Redness      ☐ Burn      ☐ Athlete's foot  
☐ Insect bite  
☐ Others { \_\_\_\_\_ }



- 2 When did the symptoms start?  
{ \_\_\_\_\_ }

- 3 What do you think is the factor of the symptoms?  
{ \_\_\_\_\_ }

- 4 Have you seen any physician or taken medications for the symptoms above?  
☐ Yes      ☐ No  
 Treatments and / or medications  
 { \_\_\_\_\_ }

- 5 Are you allergic to any foods or medications? ☐ Yes      ☐ No  
 Foods / medications { \_\_\_\_\_ }

- 6 Have you traveled to any countries within a month? ☐ Yes      ☐ No  
 Country(ies) { \_\_\_\_\_ }

**For adults only**

- 7 Are you currently undergoing treatments for any diseases or previously had any diseases listed below?  
☐ High blood pressure      ☐ Hyperlipidemia      ☐ Diabetes      ☐ Gout / Hyperuricemia      ☐ Heart disease  
☐ Asthma      ☐ Gastric disease      ☐ Liver disease      ☐ Others { \_\_\_\_\_ }

- 8 Are you currently under any medications? ☐ No      ☐ Yes Medications { \_\_\_\_\_ }

- 9 Do you drink alcohol? ☐ No      ☐ I quited \_\_\_\_\_ years ago      ☐ Yes ( \_\_\_\_\_ ML / time, \_\_\_\_\_ times / week )

- 10 Do you smoke? ☐ No      ☐ I quited \_\_\_\_\_ years ago      ☐ Yes ( \_\_\_\_\_ cigarettes / day, since \_\_\_\_\_ years ago )

**For ladies only**

- 11 Are you pregnant / possibly pregnant? ☐ Yes      ☐ No

- 12 Are you breastfeeding? ☐ Yes      ☐ No

**For children only**

Height \_\_\_\_\_ cm      Weight \_\_\_\_\_ kg

- 13 Is he / she currently undergoing treatment for any diseases or previously had any diseases listed below?  
☐ Bronchial asthma      ☐ Allergic rhinitis      ☐ Urticaria      ☐ Allergic dermatitis  
☐ Others { \_\_\_\_\_ }

- 14 About his / her family  
 Does anyone have allergic diseases? ☐ No      ☐ Yes ⇒ Relationship { \_\_\_\_\_ } Diseases { \_\_\_\_\_ }  
 Does anyone had have any serious diseases?  
☐ No      ☐ Yes ⇒ Relationship { \_\_\_\_\_ } Diseases { \_\_\_\_\_ }