

Registration number

1

1

Medical Questionnaire 1 ◆All items must be filled in ◆

Corporate name

Furigana

Full name

Mr. /

Mrs.

<Example Entry>

● 1 2 3 4 5 6 7 8 9 0

I consent to this clinic's handling / purpose of use of my personal information.
(The clinic will not use this information for purposes other than medical examination, etc.)

Signature

Do you consent to the reporting of the results of your medical examination to your company and insurer?

☐ I agree

☐ I do not agree

◆ Women only please select

Are you pregnant?

Currently pregnant

No

There is a possibility

Are you menstruating?

Yes

No

◆ Subjective symptoms: Please select any symptoms which you are currently concerned about.

None in particular ☐

Heartburn

☐

Have diarrhea

☐

Have palpitations

☐

Dizziness

☐

Stomach feels heavy

☐

Often constipated

☐

Have shortness of breath

☐

Tinnitus

☐

Gastric pain

☐

Irregular pulse

☐

Have a cough / phlegm

☐

Floating sensation

☐

Have no appetite

☐

Chest pain

☐

Headache

☐

Very forgetful

☐

Abdomen pain

☐

Arthralgia

☐

Backache

☐

Difficult to form words

☐

Bloody stool / black stool

☐

Have stress

☐

◆ Current medical history: Currently, are you regularly attending a hospital (doctor's surgery / clinic)? (See attachment for codes of disease names)

None in particular

☐

* The disease names filled in will appear in the report.

* If the space in the box is insufficient, there is no problem filling in anywhere outside the box.

* If you are filling in multiple disease names, please enter them in the disease name column or the column for other diseases.

Disease name (condition)

Attending hospital as an outpatient

Currently taking medication

Disease name (condition)

Attending hospital as an outpatient

Currently taking medication

Please select the disease name code.

Hypertension

☐☐

Cardiovascular disease
(such as heart disease)

☐☐

Name of disease
()

Diabetes

☐☐

Brain disease

☐☐

Name of disease
()

Dyslipidemia

☐☐

Gastrointestinal disease
(such as stomach disease / hepatic-
biliary-pancreatic disease / colon disease)

☐☐

Name of disease
()

Gout / hyperuricemia

☐☐

Blood disease

☐☐

Name of disease
()

Allergy

☐☐

Kidney disease

☐☐

Name of disease
()

Epilepsy

☐☐

Urological disease
(including the prostate)

☐☐

Name of disease
()

Dialysis

☐☐

Respiratory disease

☐☐

Name of disease
()

Sleep apnea syndrome

☐☐

Thyroid disease

☐☐

Name of disease
()

Rheumatism

☐☐

Eye disease

☐☐

Name of disease
()

* If you are attending hospital regularly for a condition other than any of the above diseases, please enter the disease name.

Gynecological disease

☐☐

Name of disease
()

◆ Medical history: Have you had any major illness (including surgery) in the past?

None in particular

☐

Name of disease

I have (please enter details in the column on the right)

◆ Family history: Have any of your relatives suffered from any of the following illnesses?

Nobody in particular

☐

Disease name (condition)

Grandparents

Parents

Siblings

Cancer

☐☐☐

Hypertension

☐☐☐

Hyperlipidemia

☐☐☐

Disease name (condition)

Grandparents

Parents

Siblings

Diabetes

☐☐☐

Medical questionnaire list of codes for disease names

* In order to make a more accurate judgment, please use the following disease name codes when filling in the medical questionnaire.

Classification	Number	Name of disease	Classification	Number	Name of disease
Brain disease	11	Cerebral infarction (stroke)	Respiratory disease	606	COPD
	12	Cerebral hemorrhage / Subarachnoid hemorrhage		607	Asthma
	13	Brain tumor		608	Lung cancer
	999	*Other		999	*Other
Blood disease	101	Anemia	Kidney / urological diseases	701	Nephritis
	102	Polycythemia		702	Nephrosis
	103	Leukemia		703	Kidney cancer
	999	*Other		704	Chronic renal disease
Eye disease	201	Glaucoma		705	Prostate disease
	202	Cataract		706	Prostate cancer
	999	*Other		707	Prostatic hypertrophy
Thyroid disease	301	Hyperthyroidism (Graves' disease)	Liver / biliary / pancreatic disease	999	*Other
	302	Hypothyroidism (Hashimoto's disease)		751	Viral hepatitis
	303	Goiter		752	Hepatitis
	999	*Other		753	Fatty liver
Cardiovascular disease	401	Arrhythmia		754	Liver cancer
	402	Atrial fibrillation		755	Gallstones
	403	Myocardial infarction		756	Pancreatitis
	404	Angina		757	Pancreatic cancer
	405	Heart valve disease		999	*Other
	406	Septal defect	Gynecological disease	801	Uterine leiomyomas
	407	Cardiac hypertrophy		802	Ovarian disease
	408	Pacemaker		803	Uterus cancer
	999	*Other		804	Breast cancer
Gastrointestinal disease	501	Gastric (stomach) ulcer	Other diseases	999	*Other
	502	Duodenal ulcer		901	Depression
	503	Reflux esophagitis		902	Insomnia
	504	Gastritis		903	Autonomic ataxia
	505	Stomach cancer		999	*Other mental illnesses
	506	Crohn's disease		920	Backache
	507	Ulcerative colitis		921	Disc herniation
	508	Irritable bowel syndrome		999	* Other orthopedic / surgical diseases
	509	Colon cancer		940	Psoriasis
	999	*Other		941	Atopic dermatitis
Respiratory disease	601	Pneumonia		999	*Other types of skin diseases
	602	Bronchiectasis		961	Headache
	603	Emphysema			
	604	Tuberculosis		999	*Other types of cancer
	605	Pneumothorax		999	*Other