

Yr, Mon, Dy \_\_\_\_\_ **OUTPATIENT FORM(Child)** v.14 No. \_\_\_\_\_

Name of Child: \_\_\_\_\_ : \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ other \_\_\_\_\_

Birthdate: Year /Month/ Day \_\_\_\_\_

Address: 〒 \_\_\_\_\_  
\_\_\_\_\_ tel ( ) \_\_\_\_\_

Note; please complete this form as possible as you can. Every information requested in this form is very precious to provide you with accurate diagnosis and appropriate treatment, although you may not have answers to all the questions. Thank you very much for taking your valuable time.

1. Your child goes to \_\_\_\_\_ (Nursery, Kindergarten)  
\_\_\_\_\_ (School)
2. Father's occupation: \_\_\_\_\_
3. Mother's occupation: \_\_\_\_\_
4. Number of your children: \_\_\_\_\_; he/she is \_\_\_\_\_ th
5. Irregularities of pregnancy: ( Normal / Abnormal: How \_\_\_\_\_  
\_\_\_\_\_ )
6. Delivery: ( Normal / Abnormal: How \_\_\_\_\_  
\_\_\_\_\_ )
7. Weight at Birth: \_\_\_\_\_ g
8. Irregularities at Birth: ( Normal / Abnormal: How \_\_\_\_\_  
\_\_\_\_\_ )
9. Feeding: ( Breastfeeding / Formula / Mixed )
10. Has your child ever been taking any medicine for any disease?  
( No / Yes: Any medicine? \_\_\_\_\_  
\_\_\_\_\_ )
11. Has your child ever had any operation or admission for any disease?  
When \_\_\_\_\_ Where \_\_\_\_\_  
For Which Disease \_\_\_\_\_  
When \_\_\_\_\_ Where \_\_\_\_\_  
For Which Disease \_\_\_\_\_  
When \_\_\_\_\_ Where \_\_\_\_\_  
For Which Disease \_\_\_\_\_
12. Does your child have a history of a seizure disorder?  
( No / Yes: When \_\_\_\_\_ since \_\_\_\_\_ years old \_\_\_\_\_ times )
13. Does anybody in his/her family have Asthma, Atopic Dermatitis, or Allergic Rhinitis?  
( No / Yes: Who \_\_\_\_\_ Any disease \_\_\_\_\_ )
14. Present Weight of your child: \_\_\_\_\_ kg
15. Allergic to any medicine or any food? ( No / Yes: Milk/ Egg/ \_\_\_\_\_  
\_\_\_\_\_ )

**Note: When using Japanese health insurance, there may be severe restrictions on the types of medications that can be used and the duration of medication.**

By submitting this questionnaire, you are deemed to have agreed to a medical contract under which you will be inspected, auscultated, and palpated without notice to any part of your body that is necessary for your medical diagnosis.