

# What do I need to do when visiting a doctor in Japan?

Accurately communicating all your symptoms to doctors is very important in order to receive an appropriate treatment. Prepare for the following medical information prior to the consultation with a doctor.

Also, you can get the most appropriate medical questionnaire at: <http://www.k-i-a.or.jp/medical/english/index.html> depending on the department you are planning to consult with— Ophthalmology, Surgery, Obstetrics&Gynecology, Dentistry, Otolaryngology, Orthopedics, Internal Medicine, Neurology, and Dermatology

## 1 What are your symptoms? 症状

What are your symptoms? When did it start? どのような症状がいつから起こりましたか

From \_\_\_\_ (yyyy) \_\_\_\_ (mm) \_\_\_\_ (dd), I have a(an)... \_\_\_\_ 年 \_\_\_\_ 月 \_\_\_\_ 日から

- |   |  |   |  |   |
|---|--|---|--|---|
| <input type="checkbox"/> Fever 熱がある       | <input type="checkbox"/> Sore throat のど痛 | <input type="checkbox"/> Cough 咳        | <input type="checkbox"/> Headache 頭痛     | <input type="checkbox"/> Weight loss 体重減少       |
| <input type="checkbox"/> Palpitation 動悸   | <input type="checkbox"/> Dizziness めまい   | <input type="checkbox"/> Numbness しびれ   | <input type="checkbox"/> Rash 発疹         | <input type="checkbox"/> Poor appetite 食欲不振     |
| <input type="checkbox"/> Hypertension 高血圧 | <input type="checkbox"/> Nausea 吐き気      | <input type="checkbox"/> Diarrhea 下痢    | <input type="checkbox"/> Bloody Stool 血便 | <input type="checkbox"/> Easy fatigability 易疲労性 |
| <input type="checkbox"/> Toothache 歯痛     | <input type="checkbox"/> Gum ache 歯茎痛    | <input type="checkbox"/> Stomatitis 口内炎 | <input type="checkbox"/> Other その他       |   |

## 2 Medicine and Allergy 薬の使用状況

In order to avoid severe medicine oriented side effects, please declare the following information.

薬の飲み合わせ等で事故が起きないように、薬の使用状況を医師に伝えましょう。

(1) Are there any medicines you are currently taking? 現在飲んでいる薬はありますか

- NO  YES – Please show them to the doctor 現物を持っていきましょう

(2) Are you allergic to any particular kind of medicines or foods? 特定の薬、食べ物でアレルギーがありますか

- NO  YES – Please specify them to the doctor 医師に伝えましょう

## 3 Medical History 既往歴

Are there any particular diseases/surgeries you have previously experienced? Or are there any diseases that are currently under treatment?

過去に経験した主な病気や手術、又は現在かかっている病気等がありますか

- |  |                                       |   |   |  |
|--|---------------------------------------|---|---|--|
| <input type="checkbox"/> Cancer/Tumor がん   | <input type="checkbox"/> Diabetes 糖尿病 | <input type="checkbox"/> Hypertension 高血圧 | <input type="checkbox"/> Heart Disease 心臓病    | <input type="checkbox"/> Liver Disease 肝臓病 |
| <input type="checkbox"/> Gastric Ulcer 胃潰瘍 | <input type="checkbox"/> Asthma ぜんそく  | <input type="checkbox"/> Surgery 手術       | <input type="checkbox"/> Blood Transfusion 輸血 | <input type="checkbox"/> Other その他         |

## 4 Other (For women only) その他(女性の場合)

If you are pregnant, it may be necessary to limit medical examinations or medicine.

妊娠中などの場合、検査や薬等を制限する必要があります。

- I am \_\_\_\_ month(s) pregnant. 妊娠中 ( \_\_\_\_ か月)  I breastfeed. 授乳中

### What you need to bring:

- Money: A general flu treatment including medication costs about 2,000\* yen. But please bring enough amount of money— preferably 10,000 yen for unexpected expenses such as blood test, X-ray, and so forth.
- National Health Insurance Card: If you forget to bring, the aforementioned cost will be tripled!
- The completed medical questionnaire shown above or the ones found at <http://www.k-i-a.or.jp/medical/english/index.html>
- Any medicines you are currently taking.

\*National Health Insurance applied