

《Medical Questionnaire》

Date: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Welcome to Gunma Seishi Ryogoen.  
 This is important information for medical interview.  
 Please fill this form before seeing Doctor.  
 If you are not sure about any question below, you can leave it blank.  
 Your information is protected with duty of confidentiality.

【Child's name(お子さんのお名前)】 \_\_\_\_\_ 【Sex(性別)】 \_\_\_\_\_ 【Date of Birth(誕生日)】 \_\_\_\_\_  
 (year, month, date )

【Purpose of visiting our hospital (今回の来院の目的)】  
 \_\_\_\_\_  
 \_\_\_\_\_

【Family information (家族情報)】

Name	Relationship	Age	Job/School	Living Together
				Yes/No
				Yes/No
				Yes/No
				Yes/No
				Yes/No

【School or Institute (関連機関)】

• Does your child belong to any nursery or school? (幼保・学校への所属)

Name of the place	Grade	Homeroom Teacher	Starting Date (Year/Month/Date)	Number of use (per a week)	Transfer Service
				times/week	Have / Not have
				times/week	Have / Not have

				times/week	Have / Not have
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• Do you have any plan to move to different Nursery or School next year(or in the future)?  
 (来年度以降の所属変更予定)

Name of the place	Starting date(plan) (Year/Month/Date)	Number of use (per a week)	Transfer Service
		times/week	Have / Not have
		times/week	Have / Not have

• Except above information, Do you have any Institute where you can consult about your child or he/she can use.  
 (その他の関連機関)

Name of the institute	Person in charge	Starting date (Year/Month/Date)

【Certificate (手帳)】

• Does your child have Intellectual Disability Certificate or Physical Disability Certificate?

• Yes / No / Pending

Physical Disability Certificate \_\_\_\_\_ grade  
 Intellectual Disability Certificate A1 / A2 / A3 / B1 / B2

• Is it ok to make a copy of your Certificate or Medical Notebook? Yes / No

【Family Doctor/Medication (かかりつけ医・薬)】

• Is your child being treated for any diseases?

< \_\_\_\_\_ >

• Is your child taking any medicines now?

< \_\_\_\_\_ >

【Examination(検査)】

• Has your child ever taken any examination. (e.g. MRI ,EEG , Developmental examination)

< \_\_\_\_\_ @ \_\_\_\_\_ hospital >

< \_\_\_\_\_ @ \_\_\_\_\_ hospital >

• Has your child ever been diagnosed with any of the disease?

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>

**【Allergy (アレルギー)】**

・ Is your child allergic to any food or medicines? No / Yes (Detail: )

**【Seizure (けいれん)】**

・ Has your child ever had seizure? No / Yes

**【Expectation (期待すること)】**

・ What is your expectation from our hospital? Please Check from the list below.

※This is to confirm your intention, and it may not necessarily decide what you get.

Regular Consultation

(How often? Once in 2weeks Once in a month Once in 3months Twice in a year)

Rehabilitation for language development / motor development

Learn how to deal with your child(For parents or caregiver) Diagnosis

**【Birth History】**

・ Birth place < \_\_\_\_\_ >

・ Gestational age \_\_\_\_\_ weeks \_\_\_\_\_ days

・ Birth Weight \_\_\_\_\_ g ・ Height \_\_\_\_\_ cm ・ Head Circumference \_\_\_\_\_ cm

・ Has your child mentioned any birth defect? No / Yes ( \_\_\_\_\_ )

**【Condition of your child】**

・ Has your child mentioned any abnormality in 18-months checkup. No / Yes

(If Yes what is the detail: \_\_\_\_\_ )

・ Has your child had any severe disease, hospitalization or surgery in the past? No / Yes

When? : \_\_\_\_\_

Name of the disease : \_\_\_\_\_

**【Development】**

**When did he/she start...**

・ Sitting of the neck (首の座り) Not yet / \_\_\_\_\_ year \_\_\_\_\_ month

・ Rolling over (寝返り) Not yet / \_\_\_\_\_ year \_\_\_\_\_ month

・ Sitting up (お座り) Not yet / \_\_\_\_\_ year \_\_\_\_\_ month

・ Crawling on all fours (四つ這い) Not yet / \_\_\_\_\_ year \_\_\_\_\_ month

・ Pulling to stand (つかまり立ち) Not yet / \_\_\_\_\_ year \_\_\_\_\_ month

・ Cruising (つたい歩き) Not yet / \_\_\_\_\_ year \_\_\_\_\_ month

・ Walking Alone (一人歩き) Not yet / \_\_\_\_\_ year \_\_\_\_\_ month

**【Speech】**

**When did he/she start...**

・ Babbling (喃語) Not yet / \_\_\_\_\_ year \_\_\_\_\_ month

・ Starting to speak (発語) Not yet / \_\_\_\_\_ year \_\_\_\_\_ month

・ Talking with 2 words(2語文で話す) Not yet / \_\_\_\_\_ year \_\_\_\_\_ month

・ Point something when you ask? e.g. 「Where is dog?」 in the story book  
Not yet / \_\_\_\_\_ year \_\_\_\_\_ month

**How many words can he/she speak?**

Under 10 / Under 30 / Almost Anything

※ If you circle under 10, please write the words he/she can speak.

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____