

REGISTRATION FORM/MEDICAL QUESTIONNAIRE

LAST NAME		FIRST NAME		MIDDLE NAME	
DOB	Y	M	D	SEX	<input type="checkbox"/> Male <input type="checkbox"/> Female
OCCUPATION			NATIONALITY		
ADDRESS					
TEL					
E-MAIL					

1. Please tick if you have those symptoms.

fever cough shortness of breath/difficult breathing headache sore throat
 loss of smell or taste muscle pain I don't have those symptoms

2. What are the symptoms for your visit to the clinic?

3. Since when?

BT

4. Is your visit today because of motor vehicle accident or work-related issues?

Yes No

5. Please list any medical conditions/health problems you have or had in the past.

N/A Details:

6. Please list any medication(s) you are taking.

N/A Details:

7. Please specify any food or drug allergies if you have.

N/A Details:

8. **【Female only】** Is there a possibility you could be pregnant?

Yes No

9. **【Children (~13 y.o.) only】** Please tick preferred dosage forms.

Tablets Syrup Powder

10. **【Children (~13 y.o.) only】** Please write down your body weight.

kg

11. **【Short-term visitors only】** Please write down departure dates.

See back side as well

TERMS AND CONDITIONS CONSENT

TO INDICATE YOUR UNDERSTANDING AND APPROVAL, PLEASE FILL IN YOUR SIGNATURE AND DATE IN THE BOX.

1. All patients are required to settle payment on the day that services are provided by Niseko International Clinic (hereafter referred as NIC).
2. Personal information including all information with respect to any sickness or injury, medical history, consultation, prescription or treatment, as well as copies of hospital or medical records provided by the patient will be used by NIC and shared with any third party only in the following circumstances;
 - ① To liaise with external medical providers for patient care. (e.g. referral for imaging or specialist care)
 - ② In the case of direct requests from insurance companies.
3. To protect other patient's privacy, photo/video taking within the entire clinic is prohibited.

SIGNATURE

TODAY'S DATE

For those who have travel insurance

1. Please pay all the medical expenses at first, and claim on your insurance by yourself.
2. Medical expenses receipt is provided to every patients.
3. Please order medical certificate in addition if you need any documents with your diagnosis.

Order medical certificate (5,000 JPY +tax)

For those who have been visited due to trauma

Depending on your insurance services, your bill may not be covered when it is including MRI / CT / X-ray / braces. Please check your insurance terms.

X-ray images

If you need to bring them to other medical facilities, please order CD-R of your X-ray images.

Order CD-R (3,000 JPY +tax)