

Table of otorhinolaryngology examining in an interview

※Please submit a health insurance card and others together. (No.)

		SEX	Date of birth	the weight (child only)
Name		male・female		kg
Address	〒□□□□-□□□□			
TEL	()	H.P.		

1. あなたが一番困っていることは、次のどれですか？

Which of the followings give you most problem?

Ear (耳)

- Which ear? (Right, Left, Both)
- Ear cleaning (耳掃除)
- Poor hearing. (聞こえが悪い)
- The ear is itchy. (耳がかゆい)
- The ear is pain. (耳が痛い)
- The ear getting bored goes out. (耳だれが出る)
- Ringing sound in the ear. (耳鳴りがする)
- Feeling of ear being blocked. (耳がふさがった感じ)
- Others(その他) ()

Nose (鼻)

- Sneeze (くしゃみ)
- A runny nose (鼻水)
- A nasal obstruction (鼻づまり)
- Eyes are itchy. (眼のかゆみ)
- Nose Bleed. (鼻血が出る)
- There is a stinky smell. (くさい臭いがある)
- There is a strange smell. (臭いがわからない)
- There is a pain. (痛みがある)
- Others(その他) ()

Throat (のど)

- Sore throat. (のどが痛い)
- Hoarse voice. (声がかれる)
- Coughing. (咳が出る)
- Strange taste in the mouth. (味がわからない)
- Feeling where throat is blocked (のどがつまる感じ)
- The mouth dries up. (口が渇く)
- Others(その他) ()

Dizziness (めまい感)

- Dizziness (ぐるぐるまわる感じ)
- Light headed (ふわふわする感じ)
- Nausea (吐き気がある)
- Others(その他) ()

2. When did it occur? ()

それはいつ頃からですか？

3. Are you under any treatment for other illness? (yes / no)

現在、何か治療中の病気、または服用中の薬はありますか？

In case of yes

- What is the illness? ()
- What medicine are you taking? ()

4. Until now, are you allergic to any medicine and others? (yes / no)

今まで薬、その他でアレルギーが出たことはありますか？

- Nothing (なし)
- Foods
- Pollen (花粉)
- Metals
- Animals
- Medicine(薬) (name :)
- Others()

5. Are you pregnant now? (yes / no) 現在、妊娠していますか？

In case of yes

- When is the last menses day? (date:)
- How many weeks of the pregnancy now? (weeks)
- Where is the family obstetrics and gynecology? ()

6. Are you breastfeeding now? (yes / no) 授乳中ですか？

7. Do you smoke? How many pc? () pcs/day. How long? () years.

たばこを吸われますか？

8. Do you drink alcohol? Japanese wine () ml/day Beer () ml/day Ohters () ml/day

お酒を飲まれますか？

9. Do you have a fever now? () °C (発熱はありますか？)