

# Medical Questionnaire

No.

Please check the appropriate boxes or fill in the blanks.

Year

Month

Day

Patient Name		Date of Birth (Year/Month/Day) / /		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
Address or accommodation in Japan				Phone No.	
Home address (a short-term visitor only)				Nationality	
Visiting status in Japan		<input type="checkbox"/> Resident <input type="checkbox"/> Short-term stay ( <input type="checkbox"/> Business <input type="checkbox"/> Vacation)		<input type="checkbox"/> Student	
<input type="checkbox"/> Other ( )					
The type of treatment you want to receive	<input type="checkbox"/> Treatment with health insurance				
	<b><u>Please show your insurance certificate and/or related documents.</u></b>				
	<input type="checkbox"/> Public Japanese health insurance Name of insured person ( )  <b><u>Please carefully read and understand "Special notice for treatment in public Japanese health insurance" on the next page.</u></b>				
<input type="checkbox"/> The others (private Japanese health insurance, overseas health insurance, etc.)					
Please contact the insurance institution or company for the validity of your insurance in Judo therapy treatment.					
<input type="checkbox"/> Treatment without health insurance					

● Date when you got injured

Accident Date: \_\_\_\_ Year \_\_\_\_ Month \_\_\_\_ Day  
Approximate Time: \_\_\_\_ (AM/PM)

● Please circle the location of your injury in the picture below.

● Place where you got injured

At home  In the park  On the road  
 Other ( )

● Activity when you got injured

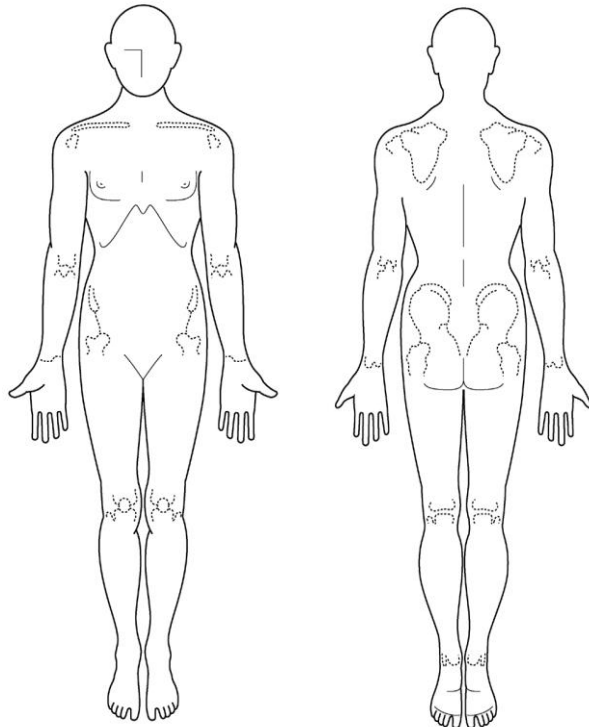
While sleeping  During housekeeping  
 Walking  Running  
 Driving (a car, a motorcycle, a bike, or other)  
 Other ( )

● Detailed action for the injury

Getting up  Standing up  
 Getting strained  Doing nothing special  
 Other ( )

● Direct cause of the injury

Fell down  Hit against/by ( )  
 Overstretched  Sprained  
 Started to feel a dull pain  
 Other ( )



The questionnaire continues to the next page.

Please check the appropriate boxes or fill in the blanks.

- Is there a possibility that you are pregnant? (female only)  
 Yes     No     I do not know
- Do you have any metal medical device implanted (a pacemaker, an intravascular stent, an IUD, or others)?  
 Yes     No
- Are you allergic to an external medication (a transdermal therapeutic patch, medicated cream, etc.)?  
 Yes     No
- Are you weak in any electrotherapy?     Yes     No
- Are you currently undergoing treatment for any other disease?  
 Yes (Disease: \_\_\_\_\_)     No

### Special notice for treatment in public Japanese health insurance.

Please carefully read thoroughly and understand these rules. Then check the box on the right.

1. Here in Judo therapy office, public Japanese health insurance covers only for traumatic acute/subacute bruises, sprains, muscle tears, joint dislocation, and bone fractures.
2. Please tell us in advance in case you are currently receiving treatment on the same injury at any other medical institution or hospital.
3. Please inform your insurer when you receive any insured medical treatment for injuries caused in a traffic accident or other incidents in which another party is at fault.
4. Public Japanese health insurance is not applicable for any injuries suffered at work or while commuting to or from work, but Workers' Accident Compensation Insurance covers. In this case, please contact your working office.
5. Public Japanese health insurance does not cover Judo therapy treatment for simple stiff neck, tight shoulders, fatigue, or any complaints resulting from internal diseases.
6. Judo therapists have been obliged to issue a receipt every time of your visit at no cost. Please tell us when you do not need any.
7. Upon your consent, your phone number will appear on the application form for medical care expenses (according to the Medical expense calculation standard for Judo therapists). Please tell us if you do not agree on the appearance of your phone number on the application form.
8. This document will be opened to your insurer upon its request.

Thank you for your cooperation in filling out this questionnaire.