

REGISTRATION FORM

*Please fill out and return it to a receptionist w/ a Health Insurance card (and a medical subsidy) if you have one.

* Please notify if your visit is for a medical check-up/vaccination.

Date: 20 yy/ mm/ dd

Name (氏名)	Family name	First name
Date of birth <small>生年月日 年 性別</small>	____ / ____ / ____ <small>yyyy/ mm/ dd</small>	Nationality (国籍)
	Age: Male / Female	
Purpose of stay in Japan (滞在目的)	1. Work(stay within 90 days) 2. Short stay(Tourism, Conference, etc.) 3. Medical care 4. Others(work etc, stay over 90 days)	
Current address in Japan (日本国内住所)	〒 _____	
Telephone	<small>(Home/自宅)</small>	<small>(Mobile/携帯)</small>
email address	_____@_____	
Emergency contact ()	<small>(Telephone) 緊急連絡先</small>	
Health Insurance 保険	1. Identification number (My no.) card マイナ 2. Hokencho or NHI card 健保 3. Accident 事故 4. Industrial Accident 労災 5. Own expense: -a: Forgotten -b: Applying -c: None 自費:a保忘 b申請中 c保無	
Referral 紹介状	YES 有 / NO 無	from 紹介元:(Hosp./Clinic)

❖Private insurance not available. File a claim with your insurance company after paying yourself.
 民間の保険は使えません。ご自身でお支払い後、保険会社に請求してください。

*Please circle the Dept. you are visiting and if you have appointment (w/ doctor's name) or doctor preference.

Department 診療科	Appoint ment	Doctor w/ or preference	Department 診療科	Appoint ment	Doctor w/ or preference
1. Gastroenterology (消化)	Yes / No		11. Human Reproduction & Gyne Endoscopy (ワロ)	Yes / No	
2. Cardiology (循環器)	Yes / No		12. Obstetrics (産科)	Yes / No	
3. Endocrinology (内分泌)	Yes / No		13. Gynecological Oncology & Gynecology (婦人科)	Yes / No	
4. Other Internal Med. (その他内科)	Yes / No		14. ENT* (耳鼻咽喉科) or Otorhinolaryngology	Yes / No	
5. Orthopedics (整形)	Yes / No		15. Voice Center (ボイス)	Yes / No	
6. Hip Joint Minimally Invasive Treatmt(股関節)	Yes / No		16. Dermatology (皮膚科)	Yes / No	
7. Pediatrics (小児科)	Yes / No		17. Urology (泌尿器)	Yes / No	
8. Surgery (外科)	Yes / No		18. Eye Center (アイセンター) or Ophthalmology	Yes / No	
9. Breast Surgery (乳外)	Yes / No		19. Respiratory (呼吸器)	Yes / No	
10. Neuro Surgery (脳外)	Yes / No		20. Radiology (放射線科)	Yes / No	

*ENT: Ear, Nose and Throat