



DATE / /

Otorhinolaryngology Outpatient Questionnaire

Nose, Ear and Throat Specialist

(耳鼻咽喉科外来問診表/鼻、耳、のどの専門)

Name _____ Age _____ ID _____

male / Female Height _____ cm / Weight _____ kg / Body Temperature _____ °C

■ Indicate your symptom(s). For multiple symptoms, circle the one that bothers you the most.

(現在の症状にチェックをつけて下さい。そのうちで最も気になる症状は○で囲んで下さい。)

Ear problem (right left) : earache (痛い) discharge (耳だれ) itching (かゆい)

wax build up (耳あか) difficulty in hearing (難聴)

Ears feel plugged (耳がつまる)

ringing in the ear (耳なり)

→ Explain the type of sound. (それはどのような音ですか?) ()

Nose problem : sneezing (くしゃみ) runny nose (鼻水がでる) Stuffy nose (鼻がつまる)

inability to smell (匂いがしない) Postnasal drip (鼻水がのどに下がる)

snoring (いびき) Nose bleeds (鼻血)

Throat problem : sore throat (痛い) Feeling as if something stuck in throat (異物感)

difficulty in swallowing (飲み込みにくい) hoarseness (声がかれた)

coughing (咳) phlegm (痰) stifling (息苦しい)

Other : swollen face (顔がはれた) swollen neck (くびがはれた)

sore mouth (口の中が痛い) fever _____ °C (発熱) headache (頭痛)

Head feels heavy (頭重感) Dizziness (めまい) facial paralysis (顔面麻痺)

tongue (舌) () Routine physical checkup (定期受診)

Other symptom (その他の症状)

■ When did these symptoms start?

(症状はいつから始まりましたか)

Continues to the back

■ For the symptom(s) that you are experiencing now, have you visited any other clinic or hospital? (現在かかっている病気で、他の病院を受診しましたか)

No Yes From _____ / _____ / _____ / Clinic or Hospital name _____

■ Do you have any medical referrals? No Yes

(紹介状はお持ちですか)

■ Have you had any major illness, surgery, injury or been hospitalized?

(これまで手術を受けたことがありますか? ある場合、何歳頃どんな病気ですか)

No Yes illness : _____
age : _____

■ Do you have any allergies?

(アレルギーは何かありますか)

No • Yes, to _____

■ Do you smoke?

(喫煙しますか)

No Yes Used to smoke

(Amount per day: _____、 For how long? _____)

■ Do you drink any alcohol? No Yes Used to drink

(お酒は飲みますか)

(Type of alcohol : _____, Amount: _____)

Daily (毎日) Occasionally (時々) Few times a month (月に2、3回)

■ For female patients (女性の方へ)

Are you pregnant at the moment? (現在妊娠していますか) No Yes Not sure

(現在妊娠していますか)