徳島大学病院
Tokushima University Hospital

REGISTRATION FORM 診断申込書

Date（記入日）

To doctors：Please fill this form out.

(If a patient fills out the registration form by himself / herself, doctors do not have to fill this form out.)

患者以外が申込書を記入する場合は，下記項目も記入下さい。

Name of the medical institution 医療機関名	
Address of the medical institution 住所	
Attending physician's name (first, last) 担当医氏名(名，姓)	
Phone 電話	Mobile phone
Email Eメール	

Please check the department in which you would like your patient to be examined / receive the medical treatment: 診察/治療を希望する診療科

☐Endocrinology and Metabolism (内分泌・代謝内科) ☐Hematology (血液内科) ☐Cardiovascular Medicine (循環器内科)
☐Gastroenterology (消化器内科) ☐Respiratory and Rheumatology Medicine (呼吸器・膠原病内科) ☐Nephrology (腎臓内科)
☐Neurology (神経内科)

☐Digestive Surgery and Transplantation (消化器・移植外科) ☐Cardiovascular surgery (心臓血管外科)
☐Pediatric Surgery and Pediatric Endoscopic Surgery (小児外科・小児内視鏡外科)
☐Esophageal, Breast and Thyroid Surgery (食道・乳腺甲状腺外科) ☐Thoracic Surgery (呼吸器外科)

☐Ophthalmology (眼科) ☐Otolaryngology and Head and Neck Surgery (耳鼻咽喉科・頭頸部外科) ☐Orthopedic Surgery (整形外科)
☐Dermatology (皮膚科) ☐Plastic and Aesthetic Surgery (形成外科・美容外科)

☐Neurosurgery (脳神経外科) ☐Anesthesiology (麻酔科) ☐Psychiatry (精神科神経科) ☐Psychosomatic Medicine (心身症科)
☐Obstetrics and gynecology (産科婦人科) ☐Pediatrics (小児科)

☐Other department (s): (その他の診療科)

If you have already contacted to our hospital's doctor, please write the name of the doctor.
当院の医師に連絡済みの場合は，氏名を記入下さい

Please check the medical information documents written below which the patient brings to our hospital.
患者が持参予定のものにチェックをいれて下さい

☐ Referral document (a referral letter)
☐ X-ray ☐ Endoscope ☐ Blood examination result data
☐ Others（ ）

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International Medical Center, Tokushima University Hospital
2-50-1, Kuramoto-cho, Tokushima 770-8503, JAPAN FAX：81-88-633-7009

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REGISTRATION FORM 診断申込書

The Patient's Information 患者情報

Name (first , last) 氏名			
Date of birth 生年月日	Y_____ M_____ D_____	Sex 性別	☐Male (男性) ☐Female (女性)
Nationality / Home country 国籍			
Address in the home country (for short-term visitors only)			
Address or accommodation in Japan			
Phone 電話	Mobile phone_____		
Email Eメール			
Native language 母語			
Other language (s) you understand 理解可能な他言語	☐Japanese ☐English ☐Other(s) :		

Chief complaint (s) 主訴
Other complaint (s) その他の病訴
History of present disease 現病歴
Past medical history 既往歴
Other request (s) その他の要望

Please send this form to: **bsoumuk@tokushima-u.ac.jp**

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