Hospital Application Form

○Please put it in the box at reception desk for new patient after filling in.
○Reception Hour 8:30 - 11:00

Date： Year/ Month/ Day/			
Name	last. first.	Gender	☐Male ☐Female
Date of Birth	Year/ Month/ Day/	Age	
Present Address	Post Code: Prefecture: city: ward: town:		
Address in Home Country			
E-mail			
Telephone	– –		
Occupation			
Office Phone Number	– –		
Nationality		Available Language	Mother tongue: Other:
Emergency Contact Information	Name Relation Phone number Address Available language		
Medical Referral Letter	☐Yes ☐No	Medical Institution's Name	
Materials	☐Yes → ☐X-ray ☐CT ☐MR ☐Other ( ) ☐No		
Please check the department related to your medical examination.	21 General Internal Medicine 22 Neurosurgery 23 Neurology 24 Psychiatry 26 Ophthalmology and Visual Science 27 Otorhinolaryngology, Head and Neck Surgery 28 Respiratory Medicine 29 Thoracic Surgery 30 Cardiovascular Medicine 31 Cardiovascular Surgery 32 Gastroenterology 33 Gastroenterological Surgery 34 Transplantation Surgery 35 Endocrinology and Diabetic Medicine 36 Clinical Immunology and Rheumatology 37 Breast Surgery 38 Pediatrics	39 Hematology 40 Dermatology 41 Orthopaedic Surgery 42 Plastic Surgery 43 Anesthesiology 44 Nephrology 45 Urology 46 Obstetrics and Gynecology 47 Diagnostic Radiology 48 Radiation Oncology 49 Pediatric Surgery 52 Clinical Oncology 53 Infectious Diseases 54 Emergency and Critical care Medicine 55 Rehabilitation Medicine 56 Clinical and Molecular Genetics ◆ Dental Departments	

-It is possible to receive an initial consultation without a medical referral letter from another medical institution.
However, you need to pay SENTEIRYOYOHI(additional fee) by Japanese law.
-Even though your symptoms are stable and we recommend you consult with another Japanese medical institution,
if you decide to return to our hospital, you need to pay SENTEI RYOYOHI (You will pay the following Return Patients fee).

	Medical Department	Dental Department
New Patient :	13,200yen(inc. tax)	5,500yen(inc. tax)
Return Patient :	3,300yen(inc. tax)	2,090yen(inc. tax)

Please turn over and fill in the back side→

1. Are your injuries caused by a traffic accident or an accident at your work?

交通事故又は仕事中の怪我による受診ですか。

☐ **Yes** ☐ **No**

2. Do you have a Japanese insurance card or paper?

日本の保険証をお持ちですか。

If you do not have this, please present your passport and credit card. We will make a copy of them.

保険証をお持ちでない場合，パスポート及びクレジットカードをコピーさせていただきますので，ご提示願います。

☐ **Yes** ☐ **No**

3. Are you hospitalized at another hospital?

他病院に入院中ですか。

☐ **Yes** ☐ **No**

4. Do you have a Japanese nationality?

日本国籍者ですか。

☐ **Yes** ☐ **No**

5. Do you live in Japan?

日本在住者ですか。

☐ **Yes** ☐ **No**

If you answer all "No" to the above question No. 2, 4 and 5, your consultation fee will be calculated at a rate of 30 yen per point.

上記質問２， ４， ５に対して全て「No」と答えた場合，診療費は1点30円で計算されます。

I(Patient) agree to the above calculation system for consultation fee.

私(患者)は，上記診療費のための算定方法について同意します。

Signature（署名）

Hiroshima University Hospital