

Medical Check-up Interview

Date _____
Patient ID _____

Please fill in the interview form and submit it to reception on current day.
The information you have filled in will be used only to provide medical services, such as health check-up.

Name			Gender	M · F	Age		Date of Birth	
Phone Number		Email				Insurance		
Address								
Company Name			<input type="checkbox"/> If you need a receipt for the company today, please check here.					

Emergency Contact Information

Name		Phone Number		Relationship	
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For Patient

- Q1. When did you come to Thailand? ()
- Q2. When was your last health check-up? ()
- Q3. Have you ever take Helicobacter Pylori test before? (Yes or No)
- Q4. Have you ever smoked cigarettes? How many years? (Yes(____years) or No)
- Q5. Have you ever take Allergy test before? (Yes or No)
- Q6. Please put a check mark on what you has been completed in the vaccination types on the right-side.
※ Please fill in the inoculation time on the right-side.
- Hepatitis A _____
 - Hepatitis B _____
 - Rabies _____
 - Tetanus _____
 - Japanese Encephalitis _____
 - Influenza _____
 - Measles-Rubella _____

For women

- Q1. Now, are you pregnant or Will getting pregnant? (Yes or No)
- Q2. Now, are you on your period? (Yes or No)
- Q3. When was your last menstrual period? How long did it take? ()
- Q4. When was your the last gynecology examination? ()
- Q5. Is there anything you would like to consult with a gynecologist?
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Others concerned about your health

Thank you for visiting our clinic today.
This is an annual opportunity, so please feel free to consult a doctor if you have any concerned about your health.
Please tell your symptoms at the examination room, when the medicines comes out, an Insurance will be applied. Please fill in this interview beforehand.

Medical Check-up Interview ends here.
Please confirm that the information given in this form is correct, and put your signature here.

Signature _____