

Patient Registration Form

Name: _____ Gender: Male Female

Date of birth: _____ Year/ _____ Month/ _____ Day

Age: _____ years old

Address: postal code (-)

Phone No. (Home): _____

Phone No. (Mobile): _____

Nationality: _____

Native language: _____

Other languages spoken: _____

● Is this your first visit to Coloproctology Center Takano Hospital?

Yes / No

● Do you have a referral letter?

Yes / No

● Medical departments you would like to visit:

Proctology Gastroenterological Surgery Gastroenterology

Department of Functional Anorectal Disorder

Psychosomatic Medicine Urology

● Residential status in Japan

Resident Short-term stay (Business / Vacation)

Student Other

● Type of health insurance

Japanese health insurance (Public / Private)

Overseas health insurance

(Name of insurance company: _____)

Travel insurance

(Name of insurance company: _____)

No Health Insurance

*Please present your primary and/or other medical insurance certificate.

● Method of payment

Cash (yen only)

Credit card (Card No. _____)

● How did you find out about Coloproctology Center Takano Hospital?

*Your personal information will be handled in accordance with the regulations of the hospital.

*We will need to make a copy of your photo ID for verification.