

Patient Registration Form

Our aim is to provide high quality medical care service by accurately obtaining and utilizing patient information. In order to do that, we request that you use your “My Number Card” as your medical insurance. Thank you for your cooperation.

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:

Coloproctology (medical treatment for anorectal disorders, constipation, etc.)

Outpatient clinic for cases with severe constipation

Gastroenterology Urology (in order to conduct a urinalysis, please do not use the washroom) Psychosomatic Medicine

● 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.