

Interview Sheet (for return visit)

Name () Age	years	months	weight	kg
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What kind of oral medicine can you(he,she)take? 薬の種類は?

syrupシロップ powder粉薬 tablet or capsule錠剤、カプセル

What are your symptoms? どうしましたか

<input type="checkbox"/> fever (F) <input type="checkbox"/> fever (°C) 発熱	How long have you had these problems? Since () month () day
<input type="checkbox"/> headache 頭痛	Since () month () day
<input type="checkbox"/> cough 咳	Since () month () day
<input type="checkbox"/> stuffiness 鼻がつまる	Since () month () day
<input type="checkbox"/> runny nose 鼻がでる	Since () month () day
<input type="checkbox"/> sore throat 喉が痛い	Since () month () day
<input type="checkbox"/> vomiting 嘔吐 (times/day)	Since () month () day
<input type="checkbox"/> nausea 吐き気	Since () month () day
<input type="checkbox"/> diarrhea 下痢 (times/day)	Since () month () day
<input type="checkbox"/> bloody stool 血便	Since () month () day
<input type="checkbox"/> abdominal pain 腹痛	Since () month () day
<input type="checkbox"/> constipation 便秘	Since () month () day
<input type="checkbox"/> <u>suspicion of mumps/chickenpox</u> <u>おたふく風邪・水痘の疑い</u>	Since () month () day

eye problems 目の症状	<input type="checkbox"/> mucous discharge めやに <input type="checkbox"/> itching 目の痒み <input type="checkbox"/> hyperemia 充血	
skin problems 皮膚の症状	<input type="checkbox"/> rash 発疹 <input type="checkbox"/> dry skin 皮膚の乾燥	How long have you had these problems? Since () month () day

others その他