



What language do you speak? どの言語を話しますか?

日本語
中文
한국어
English
others → What is your nationality? 国籍は何ですか?

Common

Which medical department do you need? どの科を受診しますか?

診療科目	English	中文	韓国
内科	Internal medicine		
外科	Surgery		
小児科	Pediatrics		
産婦人科	Gynecology		
整形外科	Orthopedics		
脳神経外科	Neurosurgery		
眼科	Ophthalmology		
耳鼻咽喉科	Otorhinolaryngology		
皮膚科	Dermatology		
歯科	Dentistry		

Common

What's the matter? 何が問題ですか?

feel bad
throb
numbness
pain
others

How are you feeling? 気分はどうですか?

Headache 頭痛	Dizziness めまい	Chest pain 胸痛
Vomit / Nausea 嘔吐・吐き気	Abdominal pain 腹痛	Back pain 腰痛

When did it start? いつから始まりましたか?

1 month ago
3 months ago
2 weeks ago
1 week ago
2-3 days ago

Point to the time

AM PM

Yesterday
Today
Tomorrow

Since and until when? いつからいつまでですか?

How long? どのくらいですか?

second minute hour
day week month

1 2 3 4 5
6 7 8 9 0

How many times? 何回ですか?



Questions about your symptoms

Headache/Dizziness

- Where does it hurt?
- Do you feel numbness?
- Did you hit anything?
- Did you throw up or do you feel like throwing up?
- Do you feel weakness in your body?
- Do you feel anything wrong with your ears?

Questions about your symptoms

Chest pain

- How long have you had pains?
- Where does it pain?
- Does it hurt more now than before?
- Is it a squeezing pain?
- Did you feel pains after a meal?
- Do you have difficulty breathing?
- Did you have the same symptoms before?

Questions about your symptoms

Vomit / Nausea

- What was your vomit like? What color? How many times?
- Do you have loose bowels? What color? How many times?
- Do you have a headache?
- Do you feel dizziness?
- Do you have a stomachache?

Questions about your symptoms

Abdominal pain

- Where does it hurt?
- Did you eat raw food or cooked meat recently?
- Did you throw up? What color? How many times?
- Do you have loose bowels? What color? How many times?
- When did you defecate last?
- When was your last menstruation?
- Did you urinate? What color?

7.4

Questions about your symptoms ... 7.4

Back pain

- Where does it hurt?
- Do you feel numbness?
- What were you doing before you felt pain?
- Did you fall down?
- Did you hit anything?
- Did you urinate? What color?
- Did you have the same symptoms before?

8

What color was it?

yellow red brown black white colorless

What did you eat?

9

Questions about your medical history

- What illnesses have you had in the past?
- Are you presently taking medication?
- Have you ever been allergic to medication or food?
- Have you ever had any operations?
- Have you ever had a blood transfusion?

10

Questions about your medical history

- Have you ever had any trouble with anesthesia?
- Tell me about your family's medical history
- Are you pregnant or do you have a possibility of becoming pregnant? ... months?
- Are you presently breastfeeding?

FOR WOMEN

11

What illnesses have you had in the past?

cerebral apoplexy	hypertension	gastric / duodenal ulcer
diabetes	cancer	appendicitis
angina pectoris	sclerosis	hemorrhoid
cardiac infarction		constipation
aortic aneurysm	arrhythmia	hepatitis
asthma	emphysema	pneumonia
tuberculosis	pneumothorax	hepatitis
		pancreatitis
		gall stone
		others

12

Internal medicine

antihypertensive	antidiabetic
painkiller	steroid
antithrombic	hormonal / antihormonal
ant ulcer	psychotropic
hypnotic	Chinese herb
	others

13

Body parts & the disease

injury	fracture
cerebral hemorrhage	
cancer	hernia
appendicitis	
others	

14

Test and treatment procedures

Blood test	
Intravenous drip	
X-ray	
Surfactant therapy	
OK	

15

Test and treatment procedures

CT scan - Magnetic resonance imaging	
Ultra-sonic scan	
Urine test	
Cardiogram	