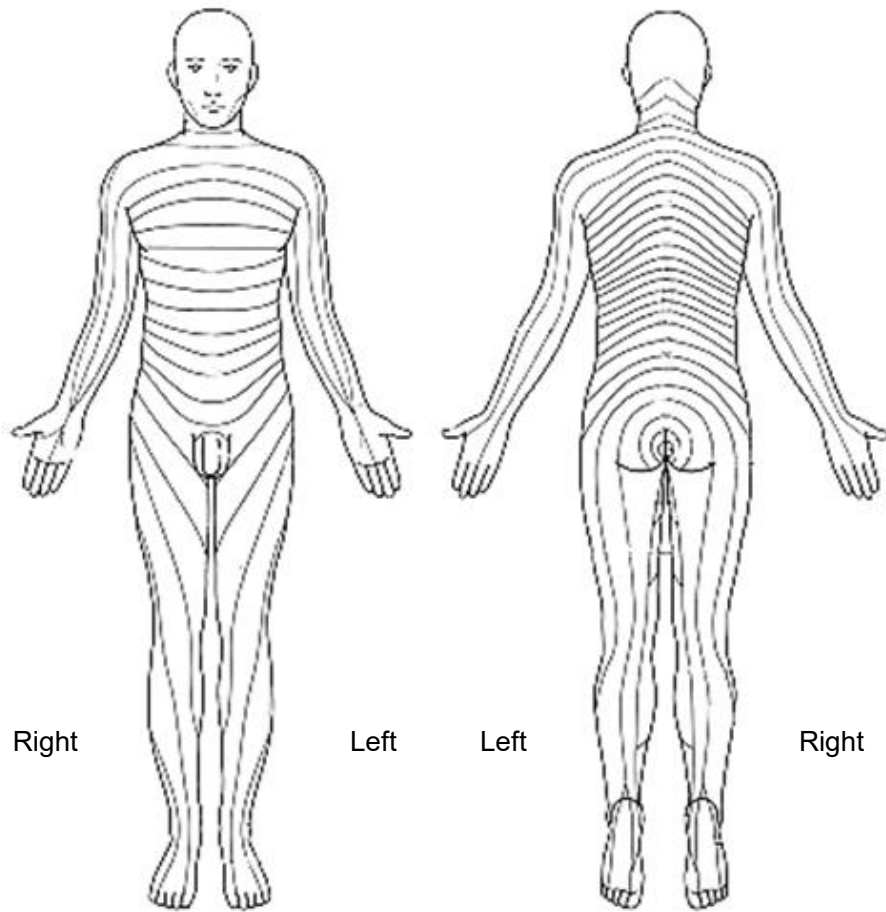


Please fill in this form about symptoms in detail. (1/2)

Meguro Yuai Clinic

Name	Birth		Age	years old / Sex	Male · Female
Height	cm / Weight	kg	Email	Mobile	

Please mark which area/part you have symptoms.



How long have you had symptoms?
Did you go to hospital/clinic regarding this problem?
No
Yes ...
>When did you go to the hospital/clinic?
>What did the doctor diagnose about your problem?
>What kind of treatment or surgery did you have?
What is the most painful symptom for you now?
What kind of behavior/posture is the most painful for you now?

>>> Continue to page 2

Which part do you feel pain?
Neck (right / left / both), Shoulder (right / left / both), Upper back (right / left / both) Arm (right / left / both) (upper / lower / both) (little finger side / thumb side / both) Hand (right / left / both) (little finger side / thumb side / both) Finger (right / left / both) (thumb / index / middle / ring / little) Low back (right / left / both), Buttock (right / left / both) Thigh (right / left / both) (front side / back side / both) (inside / outside / both) Lower leg (right / left / both) (front side / back side / both) (inside / outside / both) Foot (right / left / both) (little finger side / thumb side / both), Ankle (right / left / both) Toe (right / left / both) (big toe / second / third / fourth / little)
Which part do you feel tingling?
Arm (right / left / both) (upper / lower / both) (little finger side / thumb side / both) Hand (right / left / both) (little finger side / thumb side / both) Finger (right / left / both) (thumb / index / middle / ring / little) Thigh (right / left / both) (front side / back side / both) (inside / outside / both) Lower leg (right / left / both) (front side / back side / both) (inside / outside / both) Foot (right / left / both) (little finger side / thumb side / both), Ankle (right / left / both) Toe (right / left / both) (big toe / second / third / fourth / little)
Which part do you feel numbness/weakness?
Arm (right / left / both) (upper / lower / both) (little finger side / thumb side / both) Hand (right / left / both) (little finger side / thumb side / both) Finger (right / left / both) (thumb / index / middle / ring / little) Thigh (right / left / both) (front side / back side / both) (inside / outside / both) Lower leg (right / left / both) (front side / back side / both) (inside / outside / both) Foot (right / left / both) (little finger side / thumb side / both), Ankle (right / left / both) Toe (right / left / both) (big toe / second / third / fourth / little)

How long can you keep walking?
Less than 5 minuets / 5-10 minuets / 10-15 minuets / 15-20 minuets / More
Which posture makes you more painful?
<input type="checkbox"/> Bend your neck/upper body forward / <input type="checkbox"/> Bend your neck/upper body backward
If you have any other symptoms, please explain in detail.
Please fill your medical history.
Hospitalization :
Surgeries :
Allergies :
Chronic diseases (High blood pressure, angina, reflux esophagitis, asthma etc.) :
Are you taking any medicines? (Please fill the name of medicine)