

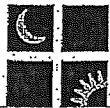
JAPANESE CONSULTATION CHECKLIST

Doctor to Complete

診察後の確認事項

The following provides information on tests, medicines and procedures you may have received at the surgery.

「現状や症状、あるいは服用薬、アレルギーの有無に関し、あてはまるものに✓印を付け、必要事項を記入した上で、医師または看護師にお渡しください。ご協力ありがとうございます。」



24 Hour Surgery

Diagnostics 診断方法	
Blood test (血液検査)	
Urine test (尿検査)	
Swab (綿棒で生体組織を採取)	
Xray (レントゲン検査)	
Ultrasound (超音波検査)	
Thermometer (体温計)	
ECG (ECG (心電図))	

Preparation Types 治療	
Prescription (処方箋)	
Tablets (錠剤)	
Injection (注射)	
Suspensions (懸濁剤)	
IV Fluids (点滴)	
Suppository (坐薬)	
Pessary (ペッサリー)	
Cream (塗り薬)	
Ointment (軟膏)	

Medications 処方薬	
Antibiotic (抗生物質)	
Pain relief (鎮痛剤)	
▪ Opiate (鎮静剤)	
▪ Anti-inflammatory (抗炎症薬)	
Medications to reduce fever and pain (解熱・鎮痛剤)	
▪ Aspirin (アスピリン)	
▪ Panadol (パナドル)	
▪ Brufen (ブルーフェン)	
Blood thinning medication (血液を薄くする薬物)	

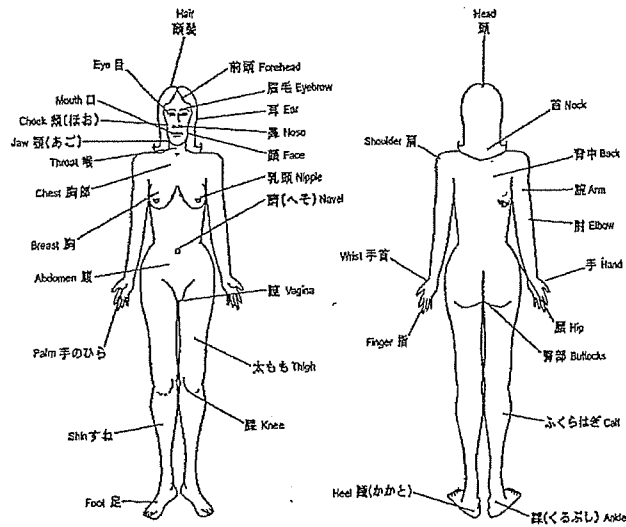
Blood pressure medication (血圧降下剤)	
Anti-angina medication (抗アンギナ剤)	
Ulcer medication (潰瘍の薬剤)	
Antacid (制酸薬)	
Antidepressants (抑うつ剤)	
Diabetes medication (糖尿病の薬剤)	
Oral contraception (the pill) (経口避妊薬 (ピル))	
Morning after pill (事後ピル (モーニング・アフター・ピル))	
Migraine medication (偏頭痛薬)	
Anti-allergy medication (抗アレルギー剤)	
Anti-viral medication (抗ウイルス剤)	
Anti-nausea medication (制吐薬)	
Asthma medication (喘息薬)	

Instructions on how to take medications 服用の仕方	
Swallow (飲み込む)	
Dissolve in mouth (口内で溶かす)	
Put in vagina (膣に入れる)	
Put in anus (肛門に入れる)	
Put in nose (鼻に入れる)	
Put in ears (耳に入れる)	
Put in eyes (目に差す)	
Apply to skin (肌に塗る)	
1/2/3/4 tablets at a time (一回1/2/3/4錠)	
1/2/3/4 times a day (一日1/2/3/4回)	
Not more thana day (一日に.....回以内)	
Morning/noon/night (朝/昼/晩)	
With food (食後)	
As required for (適用症状.....)	

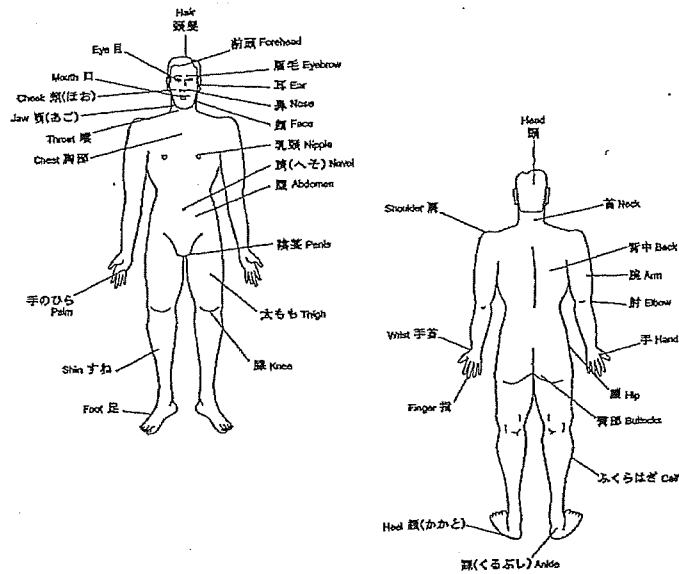
Treatments 手当て	
Bandage (包帯)	
Suture (縫合)	
Dressing (ガーゼ包帯)	
Redressing (ガーゼの交換)	
Clean the wound (傷口の消毒)	
Glue (接着)	
Plaster (硬膏剤)	
Swab (綿棒)	
Tetanus injection (破傷風の注射)	
Splint (副木)	
Strapping (絆創膏)	
Rest (休養、静養)	
Elevation (上げた状態にする)	
Ice (氷)	
Clear dilute fluids per hour (薄めた澄まし汁.../時)	

Follow up Treatment 継続治療	
See your general practitioner (かかりつけの医師に通う)	
Physiotherapy (理学療法)	
Specialist referral (専門医への紹介)	
Hospital referral (病院への紹介)	
Emergency department (救急課)	
Ambulance (救急車)	
Keep off school / child care for days. (学校/幼稚園/保育所を... 日間休む)	

人体部位 Parts of the Body (女性) (Female)



人体部位 Parts of the Body (男性) (Male)

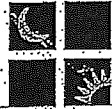


JAPANESE PRE CONSULTATION CHECKLIST

診察前の確認事項

Please tick the boxes which indicate your presenting complaints, symptoms, current medications you take, any allergies and give the completed checklist to the doctor or nurse. Thank you.

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24 Hour Surgery

Presenting Complaint 症状の訴え	
It is an emergency (緊急事態です。)	
I have had an accident and have an injury (事故に遭い、怪我をしました。)	
I am unwell (気分がすぐれません。)	
Cough (咳)	
Sore throat (喉の痛み)	
Fever (熱)	
I have pain (痛みがあります。)	
I have chest pain (胸に痛みがあります。)	
I have had unprotected sex (コンドームを使わずに性交しました。)	
I think I may be pregnant (妊娠しているかもしれません。)	
Symptoms 症状	
General symptoms (一般的な症状)	
Lethargic (無気力)	
Decreased appetite (食欲がない)	
Weight loss (減量)	
Fever (熱)	
Nausea (吐き気)	
Sweating (発汗)	
Headache 頭痛	
Unilateral (頭のどちらか片側)	
Over temples (こめかみ)	
Behind eyes (目の裏)	
Neck stiffness (肩こり)	
Nervous system 神経系	
Numbness and tingling (麻痺、しびれ)	
Weakness (脱力感)	

Convulsion/fit/seizure (痙攣/ひきつけ/発作)	
Loss of consciousness (失神)	
Head injury (頭部の怪我)	
Eyes 眼	
Bright lights hurt my eyes (明るさが目に染みる)	
Flashing lights in front of eyes (眼前がチカチカする)	
Blurred vision (かすんで見える)	
Loss of vision (失明)	
Itchy eyes (かゆみ)	
Tearing (涙が止まらない)	
Foreign body in eye (目に異物が入った)	
Double vision (ダブって見える)	
Discharge from eyes (やにが出る)	
Sty (ものもらい)	
Ear, nose and throat 耳鼻咽喉	
Sinusitis (pain over cheek bones) (副鼻腔炎 (頬骨上の痛み))	
Earache (耳の痛み)	
Ring in ears (耳鳴り)	
Discharge from ears (耳垂れ)	
Hearing loss (聴覚)	
Foreign body in ear (耳に異物が入った)	
Wax in ear (耳垢)	
Itchy ears (耳のかゆみ)	
Bleeding nose (鼻血)	
Runny nose (鼻水)	
Blocked nose (鼻詰まり)	
Sore throat (喉の痛み)	
Sore glands (扁桃腺の痛み)	
Toothache (歯痛)	
Mouth ulcers (口内炎)	
Difficulty swallowing (飲み込みづらい)	
Unable to drink fluids (液体が飲めない)	
Gastrointestinal 胃腸	
Diarrhoea (下痢)	
Vomiting (吐き気)	
Red blood (血が混じった吐瀉物)	
Black vomit (黒色の吐瀉物)	
Nausea (むかつき)	
Abdominal pain (腹痛)	
Constipation (便秘)	
Black bowel motions (黒色の便)	
Haemorrhoids (痔)	
Anal itch (肛門周辺のかゆみ)	
Dry nappies (赤ちゃんのおしめの濡れ加減は?)	
Unable to pass urine (排尿障害)	
Chest 胸部	
Shortness of breath (息切れ)	
On exercise (運動中)	
When lying down (横になった時)	
Chest pain (胸の痛み)	
Crushing or tight (圧迫、しめつけられる)	
Radiating up neck (首から上が熱い)	
Radiating down arm (腕から下が熱い)	
Sharp pain which is worse on breathing (息をすると鋭い痛みがある)	

Burning central chest pain (胸の中心が焼けるように痛む)	
Cough (咳)	
Dry cough (乾いた咳)	
Coughing up phlegm (痰)	
Green phlegm (緑色の痰)	
White phlegm (白色の痰)	
Blood in phlegm (血の混じった痰)	
Wheezing (ゼーゼーする)	
Noisy breathing (息遣いが荒い)	
Palpitations (息切れ)	
Racing heart (動悸)	
Ankle swelling or fluid in ankles (腫のむくみあるいは腫に水分が溜まる)	
Calf pain (ふくらはぎの痛み)	
Urinary 泌尿器	
Pain on passing urine (排尿時の痛み)	
Incontinence of urine (失禁)	
Passing urine more than normal (通常よりも排尿数/量が多い)	
Blood in urine (血尿)	
Urgency (尿意切迫)	
Musculoskeletal 筋骨格	
Whiplash injury to neck (むち打ち症)	
Joint pain (関節痛)	
Joint stiffness (関節のこわばり)	
Joint swelling (関節のむくみ)	
Unable to walk (歩行困難)	
Low back pain (腰痛)	
Pain radiating down leg (腰から下の痛み)	
Muscle pain (筋肉痛)	
Unable to move limb (四肢を動かさない)	
Skin 皮膚	
Burn (やけど)	
Laceration (裂傷)	
Bruising (あざ)	
Rash (発疹)	
Itchy (かゆい)	
Sore (痛い)	
Gynaecology 婦人科	
Last period was (date) (前回の生理日 (日付))	
I have had Babies (state number) Miscarriages (state number) (出産回数.....回、流産回数.....回)	
Missed last period (先月、生理がありませんでした)	
Irregular periods (生理不順)	
No periods (生理なし)	
Period pain (生理痛)	
Distended abdomen (腹部の膨張感)	
Cervical smear test (子宮癌検診)	
Heavy periods (重い生理)	
Vaginal itch (膣のかゆみ)	
Vaginal discharge (おりもの)	
White (白色)	
Green (緑色)	
Bleeding/pain on intercourse (性交中の出血/痛み)	
Breast lump (乳房のしこり)	

Painful and red breast (赤くなり痛みがある乳房)	
Breast feeding (母乳育児)	
Mental Health 精神衛生	
Very tearful (非常に涙もろい)	
Anxious (不安)	
Unable to sleep (眠れない)	
Depressed (うつ状態)	
Terms for Past Medical History 過去の罹病歴 (患者用)	
Cardiovascular disease 心血管疾患	
Angina (アングナ)	
Heart attack (心臓発作)	
Previous heart surgery (過去の心臓手術歴)	
Irregular heart rate (不整脈)	
Slow heart rate (心拍数が遅い)	
Congestive heart disease (うっ血性心臓病)	
Varicose veins (静脈瘤)	
Deep vein thrombosis (深静脈血栓症)	
High blood pressure (高血圧)	
Respiratory disease 呼吸器疾患	
Asthma (喘息)	
Tuberculosis (結核)	
Pneumonia (肺炎)	
Emphysema (肺気腫)	
Pneumothorax (気胸)	
Lung cancer (肺癌)	
Endocrine 内分泌	
Diabetes (糖尿病)	
Insulin dependent (インスリン)	
Diet and tablet controlled (食餌および薬剤)	
Thyroid disease (甲状腺疾患)	
Gastrointestinal and genitourinary disease 胃腸および尿生殖器の疾患	
Bowel problems (内臓疾患)	
Bowel cancer (腸癌)	
Diverticulitis (憩室炎)	
Operations (手術歴)	
Appendicitis (盲腸炎)	
Pancreatitis (膵炎)	
Ulcer disease (潰瘍)	
Hernia (ヘルニア)	
Constipation (便秘)	
Diarrhoea (下痢)	
Bowel obstruction (腸障害)	
Liver disease (肝臓疾患)	
Gall stones (胆石)	
Cholecystitis (胆嚢炎)	
Hepatitis (肝炎)	
Kidney disease (腎臓疾患)	
Urinary tract infection (膀胱炎)	
Renal stones (腎結石)	
Gynaecology 婦人病	
Ectopic (子宮外妊娠)	
Miscarriage (流産)	
Termination of pregnancy (中絶)	
Past pregnancy (過去の妊娠歴)	
Pelvic inflammatory disease (炎症性の骨盤疾患)	
Endometriosis (子宮内膜症)	
Cervical cancer (子宮癌)	

Sexually transmitted disease (性行為感染症)	
Herpes (ヘルペス)	
Chlymidia (クラミジア)	
Genital Warts (性器いぼ)	
Haematology 血液病	
Sickle cell (鎌状赤血球血症)	
Thalassemia (サラセミア)	
Haemachromatosis (ヘモクロマトーシス)	
Haemophilia (血友病)	
Ear, Nose and Throat 耳鼻咽喉	
Tonsillitis (扁桃炎)	
Otitis media (中耳炎)	
Sinusitis (副鼻腔炎)	
Neurology 神経	
Parkinsonism	
Anuresym (動脈瘤)	
Brain tumour (脳腫瘍)	
Multiple sclerosis (多発性硬化症)	
Stroke (脳卒中)	
Migraine (偏頭痛)	
Deaf (聴覚喪失)	
Visual loss (視覚喪失)	
Epilepsy (癲癇)	
Nerve damage (神経障害)	
Musculo-skeletal 筋骨格	
Back pain (背中の痛み)	
Sciatica (坐骨神経痛)	
Arthritis (関節炎)	
Osteoarthritis (骨関節症)	
Rheumatoid (リウマチ)	
Skin 皮膚	
Eczema (アトピー)	
Mental illness 精神衛生	
Depression (うつ)	
Schizophrenia (分裂症)	
Anxiety disorder (不安神経症)	
Allergies アレルギー	
Drug allergies 薬品アレルギー	
Medications 処方薬	
Antibiotic (抗生物質)	
Pain relief (鎮痛剤)	
▪ Opiate (鎮静剤)	
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Anti-allergy medication (抗アレルギー剤)	

Anti-viral medication (抗ウイルス剤)	
Anti-nausea medication (制吐薬)	
Asthma medication (喘息薬)	
Smoker..... per day (喫煙量.....本/日)	
I use drugs (服用薬.....)	
I drink alcohol per day/ per week (飲酒量...../日、...../週)	