

[Attention:Medical personal]

This document provides information regarding medication taken by the patient in Japan.

In addition to stating the use and dosage regulated by the Japanese Ministry of Health, Labour and Welfare, it includes information provided by the patient on [yyyy.mm.dd] (medication name, how it's taken, purpose of use, along with personal information necessary for treatment [date of birth, history of allergies and side effects]).

It's dose not, however, list the patients most recent medical treatments or allergies, therefore we will not bear responsibility for any medical errors that may occur during treatment.

Patient Name : _____

Sex : male female

Birth of day (age): _____ yyyy. mm. dd ()

(For Infacts)
Weight : _____ kg (lb.)

Medical History

- | | | |
|---------------------------------------------------|------------------------------------------------|----------------------------------------|
| <input type="checkbox"/> Heart disease | <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Cerebrovascular disorder | <input type="checkbox"/> Kidney disease | <input type="checkbox"/> Liver disease |
| <input type="checkbox"/> Glaucoma | <input type="checkbox"/> Prostatic hypertrophy | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Peticulcer | <input type="checkbox"/> Hyperlipidemia | <input type="checkbox"/> Osteoporosis |
| <input type="checkbox"/> Thyroid disease | <input type="checkbox"/> Malignant tumor | |
| <input type="checkbox"/> Others | | |

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Operation History

【Approximate date】	【Operation name / for what disease】
yyyy.mm	()
yyyy.mm	()
yyyy.mm	()

History of Side effects

【Approximate date】	【Medication Name】	【Symptom】
yyyy.mm	()	()
yyyy.mm	()	()
yyyy.mm	()	()
yyyy.mm	()	()

Tendencies

- Constipation Easy diarrhea Poor digestion
 Sensitive skin Asthma Atopy
 Hay fever Lactose intolerance
- Food Allergies
 eggs milk flour buckwheat peanuts
 shrimp crab
 Others

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(For Women)

Currently Pregnant Yes No

(Due Date: yyyy.nn.dd)

Currently Nursing Yes No

(Date of Delivery: yyyy.yy.dd)

Pharmacist: Rika Yagi**Signature of Pharmacist :**

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