

# PEDIATRICS

Name ( )		Weight	kg
Age ( ) years ( ) months			
<b>What kind of oral medicine can your child take? 薬の種類は?</b> <input type="checkbox"/> Syrupシロップ <input type="checkbox"/> Powder粉薬 <input type="checkbox"/> Tablet or capsule錠剤、カプセル			
<b>What are your child's symptoms? どうしましたか</b>			
	( F )	<b>How long has your child these problems?</b>	
<input type="checkbox"/> Fever now ( °C ) 発熱		Since ( ) days ago	
<input type="checkbox"/> Headache 頭痛		Since ( ) days ago	
<input type="checkbox"/> Cough 咳		Since ( ) days ago	
<input type="checkbox"/> Stiffness 鼻がつまる		Since ( ) days ago	
<input type="checkbox"/> Runny nose 鼻がでる		Since ( ) days ago	
<input type="checkbox"/> Sore throat 喉が痛い		Since ( ) days ago	
<input type="checkbox"/> Vomiting 嘔吐 ( times/day )		Since ( ) days ago	
<input type="checkbox"/> Nausea 吐き気		Since ( ) days ago	
<input type="checkbox"/> Diarrhea 下痢 ( times/day )		Since ( ) days ago	
<input type="checkbox"/> Bloody stool 血便		Since ( ) days ago	
<input type="checkbox"/> Abdominal pain 腹痛		Since ( ) days ago	
<input type="checkbox"/> Constipation 便秘		Since ( ) days ago	
<input type="checkbox"/> Suspicion of mumps / Chickenpox おたふく風邪・水痘の疑い		Since ( ) days ago	
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	Since ( ) days ago	
Skin problems 皮膚の症状	<input type="checkbox"/> Rash 発疹 <input type="checkbox"/> Dry skin 皮膚の乾燥	Since ( ) days ago	
<input type="checkbox"/> Others その他			

★Adult female patients only : Are you pregnant now?    Yes / No