

<Interview sheet>

NAME

nationality

BIRTHDAY

/YY

/MM

/DD

MOBILE PHONE NUMBER

ADDRESS in Japan (from post code)

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OCCUPATION

WHAT'S WRONG ? (example)PAIN BLEEDING CAVITY CHECKUP&CLEANING)

WHEN DID YOU SEE THE DENTIST LAST TIME ?

A FEW MONTHS AGO A FEW YEARS AGO LONG TIME AGO DON'T REMEMBER

HAVE YOU EVER FEEL BAD WHILE TREATMENT OF DENTAL CLINIC ?

specially by Anesthesia

never yes (when? ago)

DO YOU HAVE ANY MEDICAL DISEASE ? (High blood pressure Diabetes etc)

no yes (what?)

Please write your request if you have (pregnancy etc)

DO YOU SPEAK JAPANESE ?

NO PROBLEM SO SO NOT SO MUCH NOT AT ALL