Interview sheet (1st sheet)

Please enter the necessary information below, as it will be used as references for the interview.

<table>
<tr><td colspan="3">Mitaka Healthcare Clinic</td><td colspan="3">1st interview sheet Date / /</td></tr>
<tr><td>Patient Name</td><td></td><td rowspan="2">Male
Female</td><td rowspan="2">Date of birth
Month Date Year</td><td rowspan="2" colspan="2">Age</td></tr>
<tr><td>Nationality</td><td></td></tr>
<tr><td rowspan="2">Address</td><td rowspan="2" colspan="3">Postal:</td><td colspan="2">TEL</td></tr>
<tr><td colspan="2">FAX</td></tr>
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Name of Disease (Diagnosis)	
Treatment background Date of diagnosis/treatment, name of the medical institution, and details of treatment.	(Example: Gastric cancer was diagnosed using a gastric camera on March 1, 2010 at ○○hospital. Underwent total gastrectomy at △ Hospital on March 15).
Anticancer Therapy Yes / No	Duration of medication: Drug name : Current (Future) Medication Patterns:
Radiation therapy Yes / No	Radiation dose: Irradiation period:
Metastasis Yes / No	If there is a metastatic, please describe specifically. (ex. 2 cases of 1 cm in the liver)
Recent test results (Please fill in the latest data.) If you don't know, send or bring a copy of your latest exam.	Tumor markers (eg, CEA, CA19-9) Month of examination: WBC (white blood cell): RBC (red blood cell): Hb (hemoglobin): Ht (hematocrit): Plt (platelet): HBs antigen: Positive / Negative / Unknown (encircle) HCV antibody: Positive / Negative / Unknown (encircle)

Interview sheet (2nd sheet) Name :

Question	Answer
Have you ever had a major disease other than the current disease?	□ No □ Yes ( ) ( ) Year:
Other than for the current disease, have you ever underwent any surgery?	□ No □ Yes ( ) Year: ( ) Year:
Have you ever received a blood transfusion?	□ No □ Yes ( ) Year: ( ) Year:
Are you currently taking any medications other than anticancer therapy?	□ No □ Yes ( ) Started year/month: ( ) Started year/month:
Have you ever felt sick after medications or had drug rash? Or, are there any drugs that are prohibited from being taken.	□ No □ Yes Name of drug ( ) Name of drug ( )
Are you allergic to antibiotics?	□ No □ Yes Name of drug ( )
Have you ever been irritated with alcohol disinfectant?	□ No □ Yes
Do you have any food allergies?	□ No □ Yes ( ) ( ) ( )
Have you ever been said to have high blood pressure?	Yes / No
Have you ever been said to have a bad heart?	Yes / No
Have you ever been said to be prone to bleeding?	Yes / No
Have you ever been said to have small blood vessels?	Yes / No

Smoking history	□ No smoking	□ Current smoking	□ Smoking (__________ year ago)	
Dietary intake	□ Normal	□ Possible with small amount	□ Only liquids	□ Not even liquids
Living	□ Self sufficient	□ Needs assistance	□ Needs wheelchair	□ Bedridden

Please note here if you have any concerns regarding the treatment.

※ On the day of the interview, please bring medical checkup datas or any test results that may be required for the treatment.
※ If your fills exceeds the size of the boxes in the interview sheet, please prepare a separate sheet and send it to us via FAX.
※ Personal information is strictly protected in accordance with the Personal Information Protection Law.