Consultation Application Form

Card	Insurance certificate
Hon/Ji/Fu	Self/
Digitization	Insurance certificate returned

- Please submit this form with your **health insurance certificate, various medical care certificates, referral letter**, etc. to the new patient reception No. 2.
- If you have previously attended another department, please also submit the patient registration card (a plastic card).
- Be sure to notify us if you are attending the hospital for a **traffic accident** or work accident and at **public expense**.
- The personal information on this document may be used for purposes, such as operations concerning medical consultation and notification of late payment of medical expense.

* **If you do not have a letter of referral, a combined fee for insurance-covered and non-insurance-covered services (selective services) will be charged in addition to the medical care expense.**

* **Please ask at the consultation inquiry reception if you are unsure of the examination fee.**

Please fill in the boxes with bold border only.

/ /(DD/MM/YYYY)	Letter of referral Yes/No		Other	First		-

Please circle the number of the department you wish to visit.

41	42	43	12	16	44	17	18	01	02	54	55	56	04	51	13	13
Nephrology	Diabetes and Rheumatology	Hematology	Neurology	Respiratory Medicine	Oncology	Gastroenterology	Cardiovascular Medicine	Women's Outpatient Care	Pediatrics	Gastrointestinal Surgery	Inflammatory Bowel Disease (IBD)	Breast Surgery	Orthopedics	Plastic Surgery	Neurosurgery	Cerebrovascular Treatment
52	53	05	06	07	07	08	09	11	15	61	60	14	19	45	83	81
Respiratory Surgery	Cardiovascular Surgery	Dermatology	Urology	Obstetrics	Gynecology	Ophthalmology	Otolaryngology	Neurology and Psychiatry	Rehabilitation	Radiology	Radiotherapy	Anesthesiology	Dentistry and Oral surgery	Infection Medicine	Palliative Care	Emergency Department

		Sex		Date of birth
Name		Male 0 Female 1		/ / (DD/MM/YYYYY) (years old)

Address with postal code	*Please write the name of the prefecture if you live outside Kanagawa Prefecture.	Have ever you attended this hospital before? ・Yes ・No

Phone number	Other phone numbers	Enter	
Area code ( ) -	Area code ( ) -		

Have you traveled overseas in the last month? Yes/No	Change	Name/address/phone number

Yokohama Municipal Citizen's Hospital