

Registration Form

Tohoku University Hospital Day Care Center for Children Recovering from Illness (Hoshinoko Room)

Entry date: _____ Date of first usage: _____ Reg. no. _____

Parents	Katakana:		Medical history	Febrile convulsion	Yes / No () times in the past First: yrs. mos. old / Most recent: yrs. mos. old	
	Name:	Nickname:		Asthma	Yes - Medicine (is / is not) used daily / No	
	Date of birth:	Gender (M / F) Siblings:		Atopic dermatitis	Yes (Current treatment:) / No	
Parents	Name:	Name:	Prior hospitalization	Year/Month:	Illness: (yrs. mos.)	
	Relationship:	Relationship:		Year/Month:	Illness: (yrs. mos.)	
	Department:	Department:	If the child is currently taking any medicine for other illnesses, asthma, atopic dermatitis, convulsions etc., please provide details. (Also note time when medicine is taken.)			
	Job title:	Job title:				
	Work phone:	Work phone:				
	Mobile:	Mobile:				
	Work email:	Work email:				
Home address:						
Home phone:						
Other contact information	Name:	Relationship to child:	Vaccination history	BCG	No / Yes	
	Phone:	Mobile:		DPT-IPV	No / once / twice / three times / booster	
	Workplace or Address:			Hib	No / once / twice / three times / booster	
Name of daycare: _____ Primary care physician: _____				Pneumococcus	No / once / twice / three times / booster	
Perinatal/infant	Complications during pregnancy/birth: Yes () / No			Hepatitis B	No / once / twice / three times	
	Birth weight: _____ g / gestation (in weeks): _____			Rotavirus	Rotarix No / once / twice	
	Neck control: _____ mos. / able to sit up: _____ mos. / walking: _____ mos.			Measles/rubella (MR)	No / 1st stage / 2nd stage	
	Anomalous exam result in infancy: Yes () / No			Chickenpox	No / once / twice	
	Feeding: breast milk / formula / both			Mumps	No / once / twice	
Meals	Weaning stage			Japanese encephalitis	No / once / twice / three times / booster	
	1st: _____ mos. 2nd: _____ mos. 3rd: _____ mos. baby food: _____ mos.			Other (Influenza etc.)		
Other	Dietary restrictions due to allergies: whole eggs / egg yolk / egg white / dairy / formula / wheat / buckwheat / other: _____					
	Other concerns etc.					