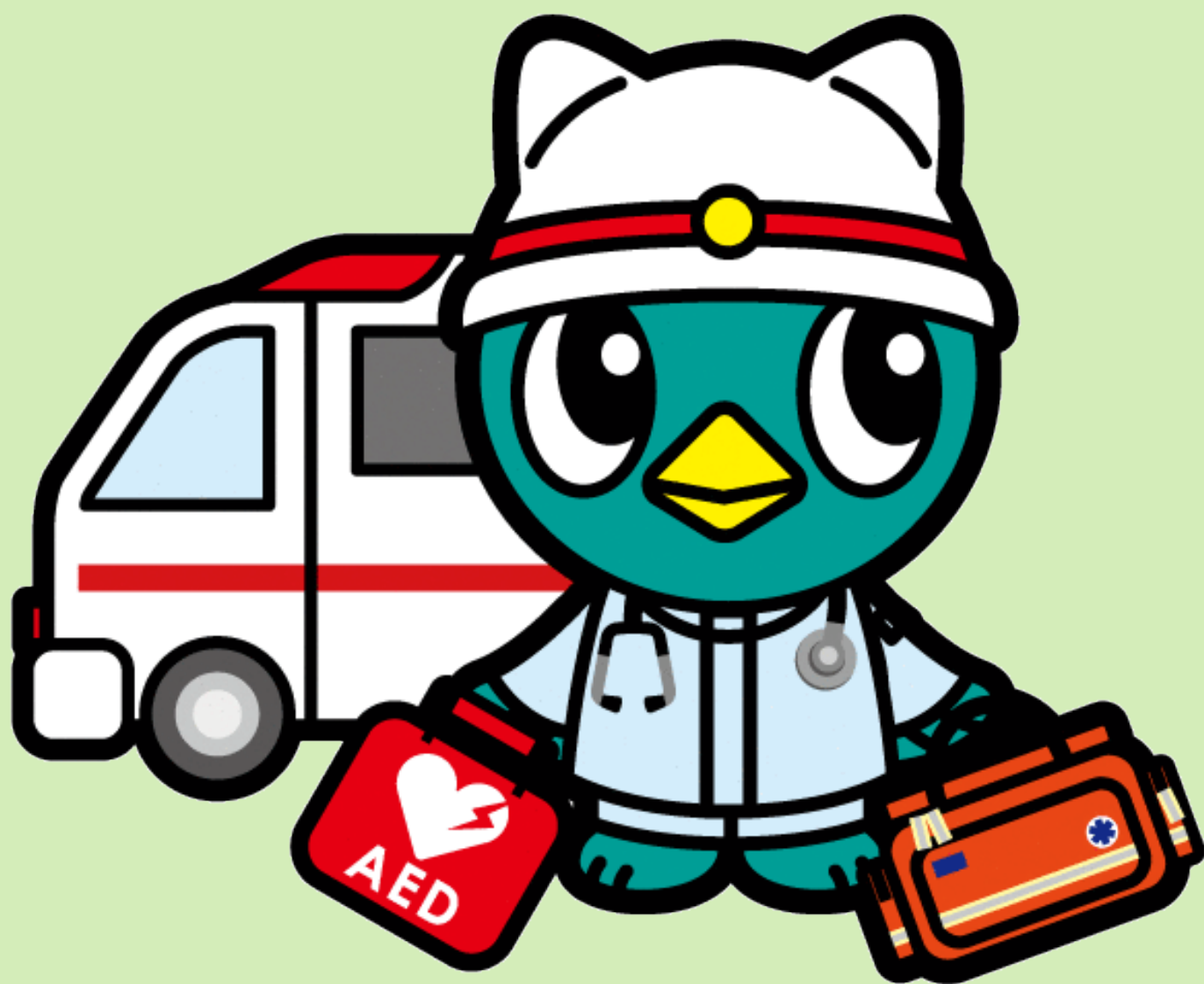


# 八千代市

## Communication Board



令和6年2月

Can you hear the words?



Can you write?

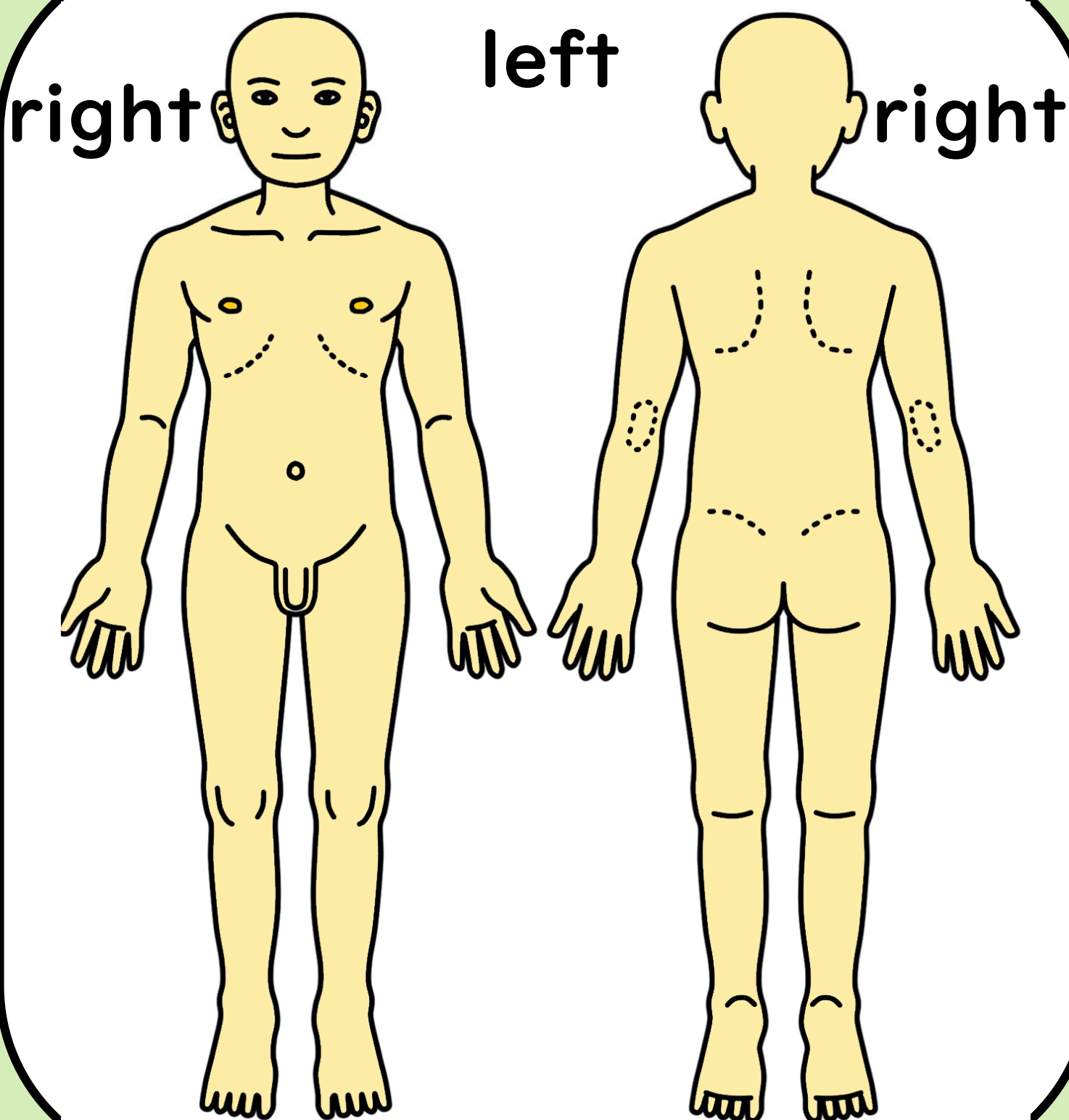


Can you walk by yourself?



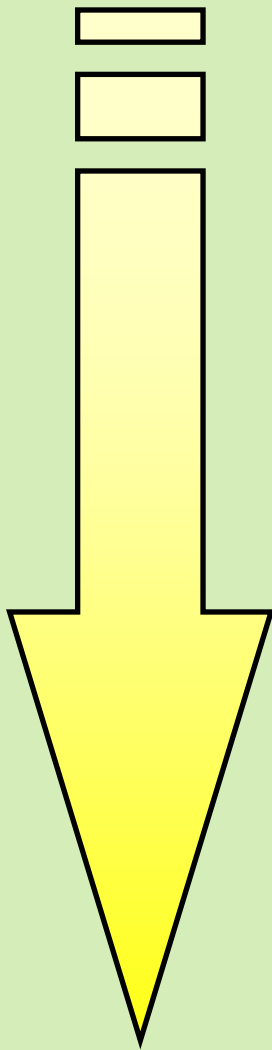
# Where is it painful?

✂ Please point your finger!



# When did it start to hurt?

**now**



**Before**

**suddenly**

**15 minutes ago**

**30 minutes ago**

**1 hour ago**

**3 hours ago**

**1 day ago**

**earlier than that**

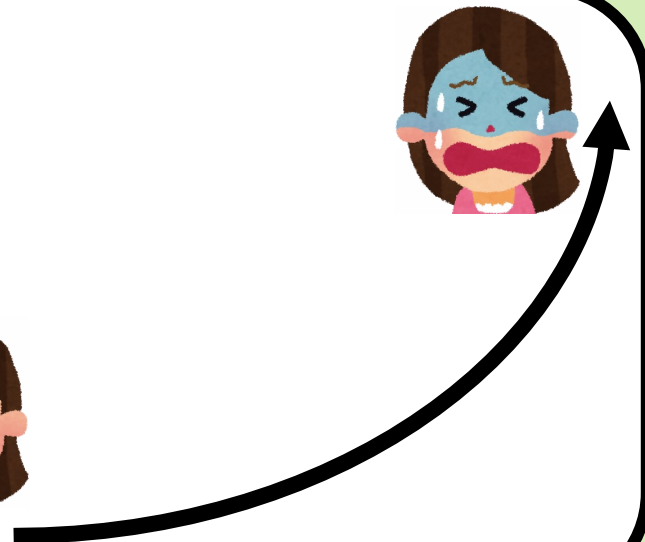
**I don't know**

Please tell me about your pain situation.

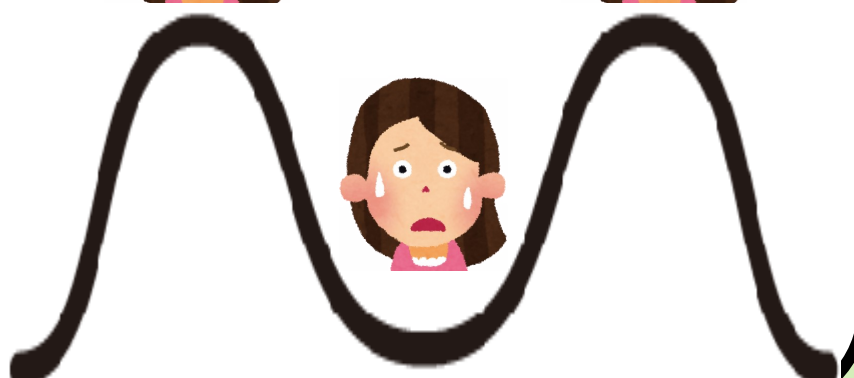
It hurt from the beginning.



The pain gradually increases.



The pain may become stronger or weaker.



When did the pain occur?



when you  
are resting



when  
moving

Is the pain in the same  
place?

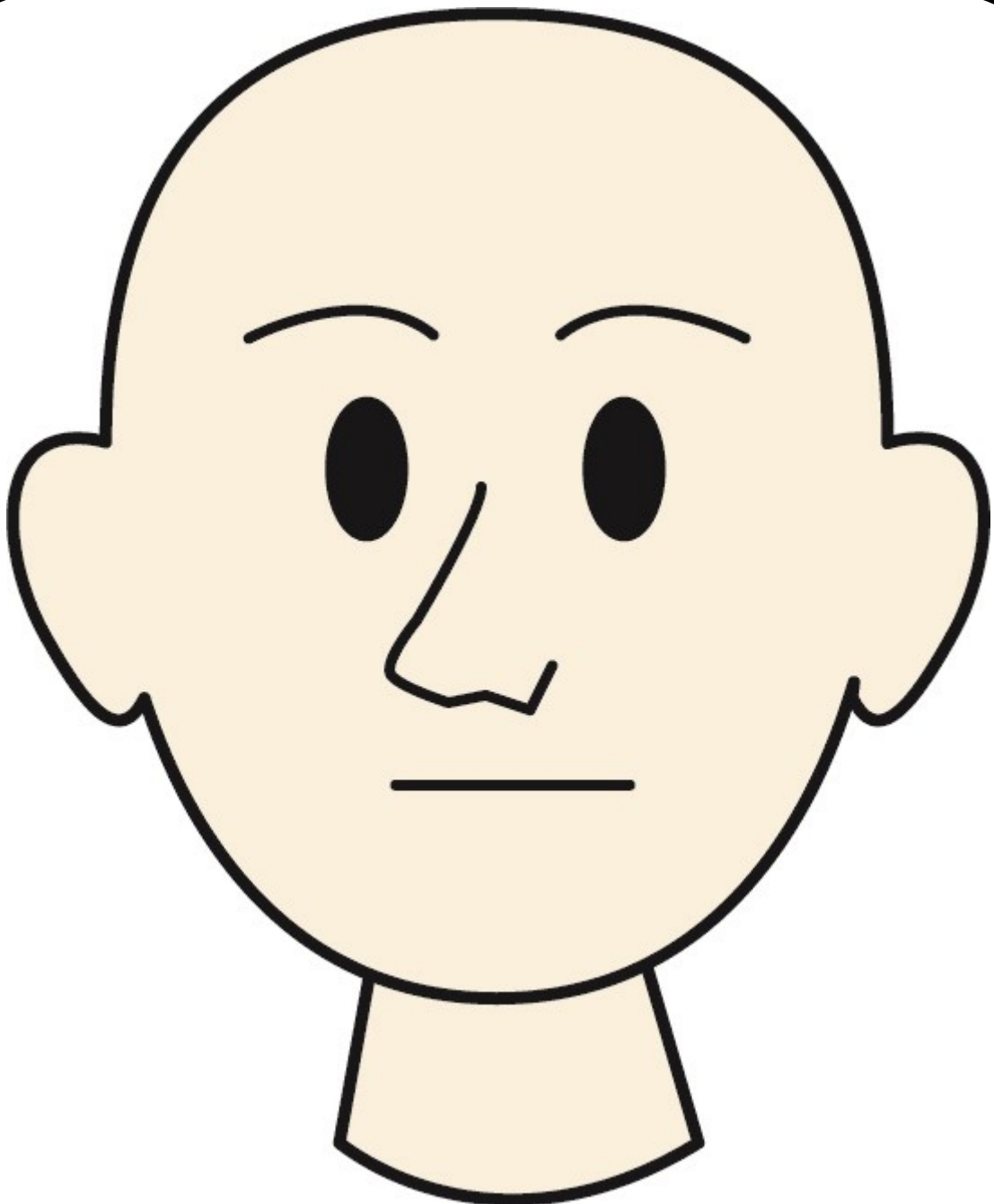


same  
place



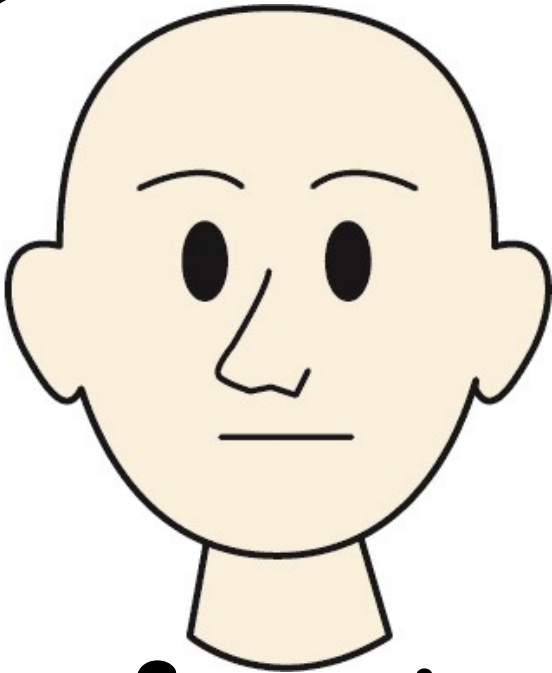
different  
place

# head

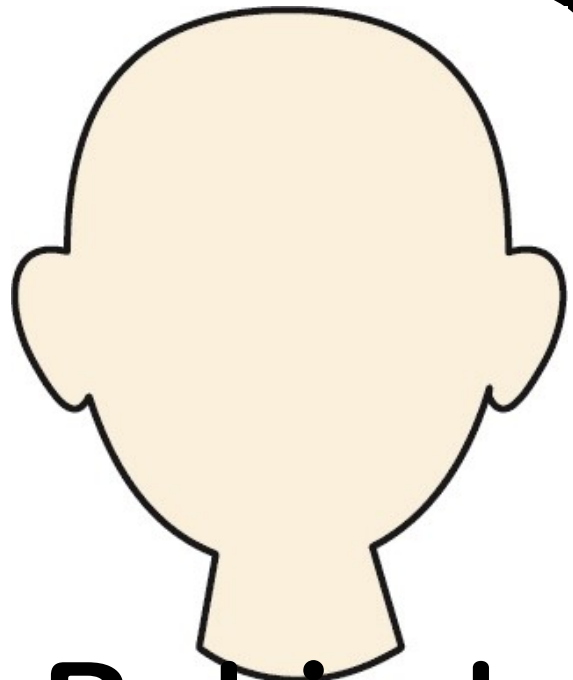


# Where is it painful?

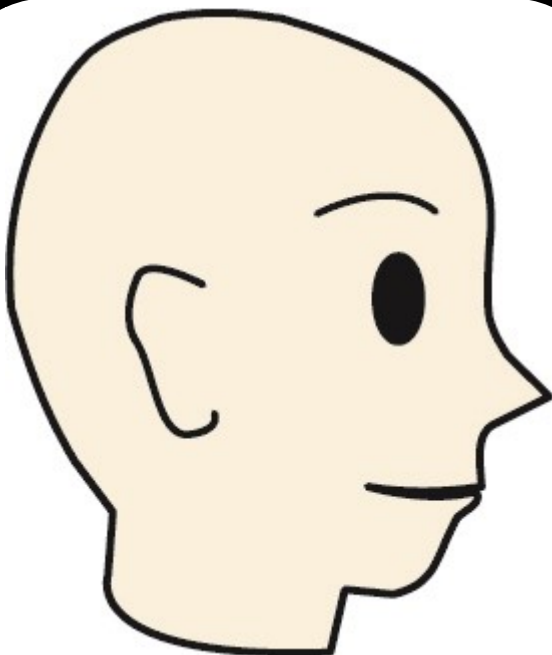
※Please point your finger.!



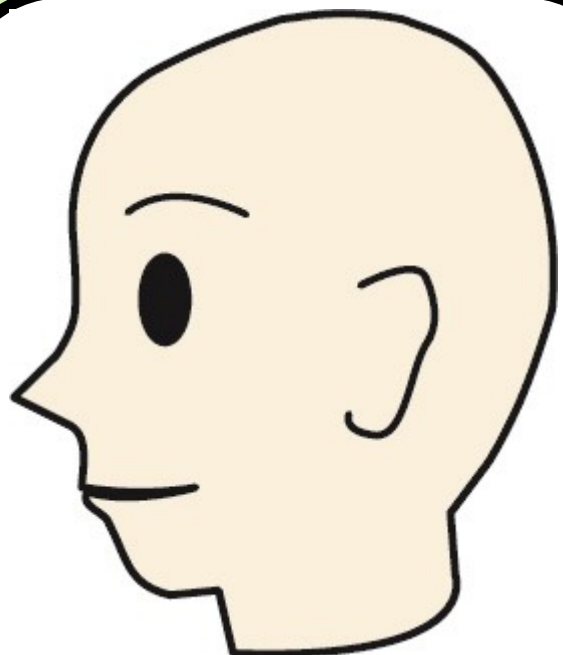
**front**



**Behind**



**right**



**left**



# What kind of pain is it?



yes



No



yes



No



yes



No



yes



No

Does it hurt in the same spot  
from the start?



Where did it first hurt?

まえ  
※2ページ前へ

Have you experienced the same  
suffering (pain) before?



Do you have any  
of the following symptoms?



**Numbness**



**dizzy**



**convulsions**



**tinnitus**

# Did you throw up?



yes



No

# I hit my head?

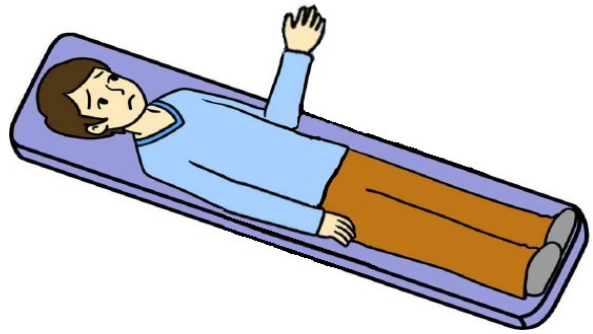


yes

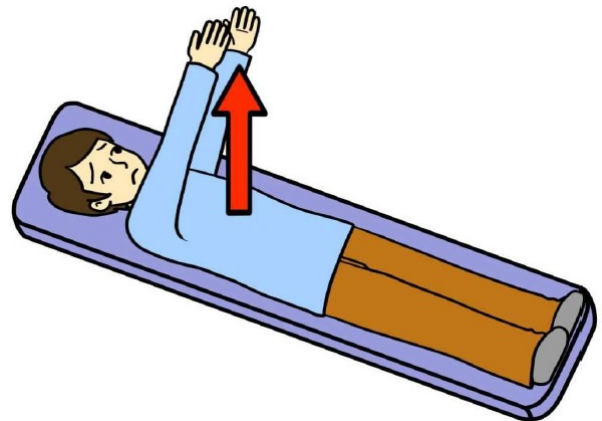


No

please raise  
your hand



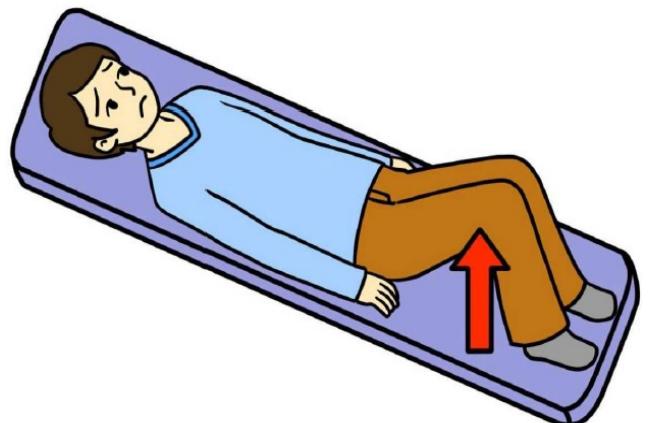
please raise  
your hands



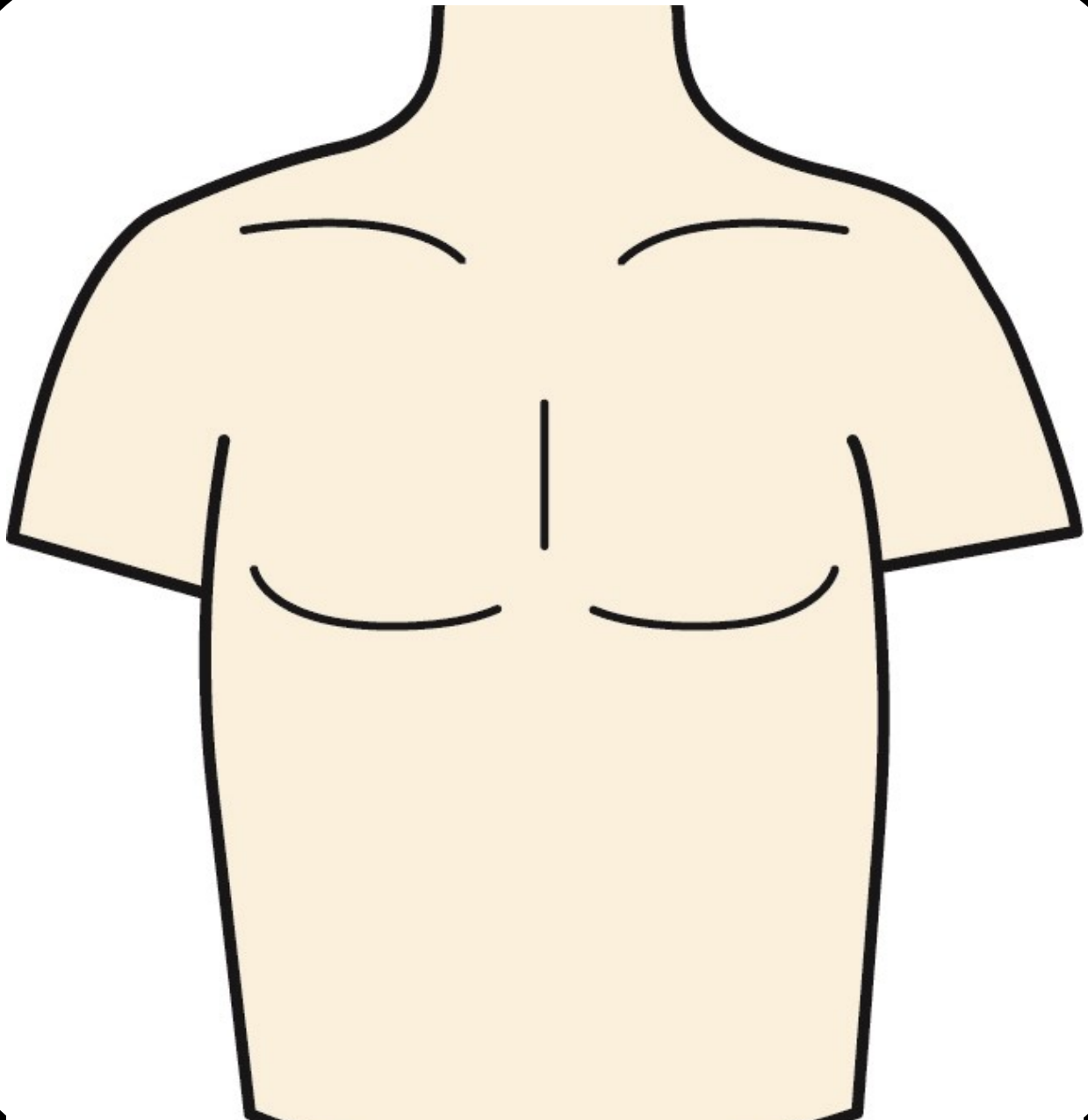
please hold  
both hands



Please raise  
both knees

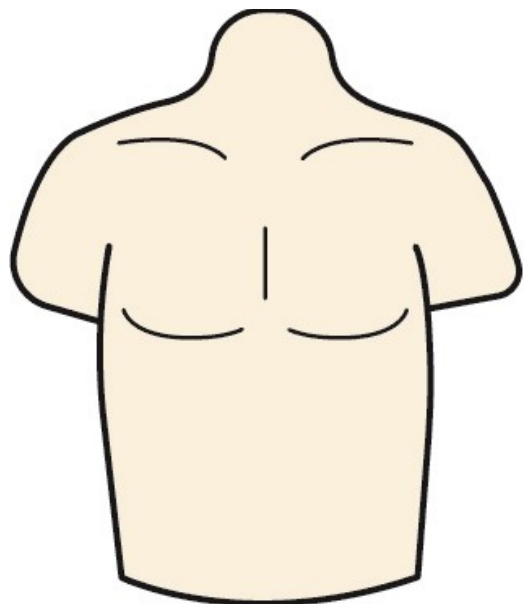


# chest

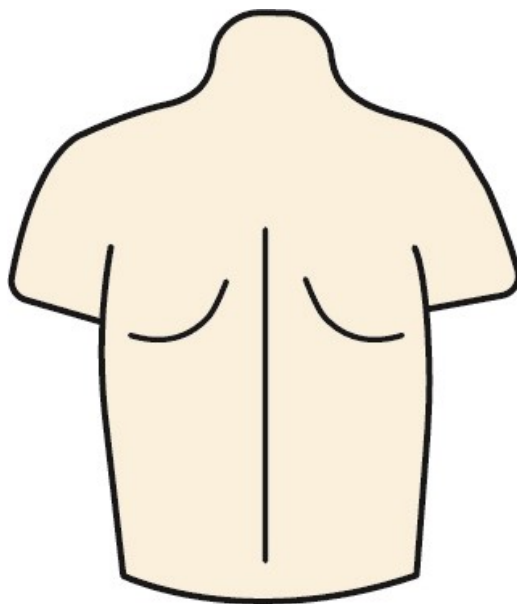


# Where is it painful?

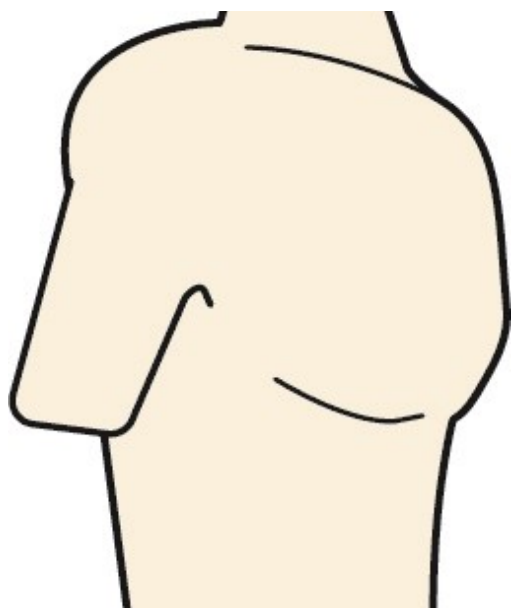
✂Please point your finger!



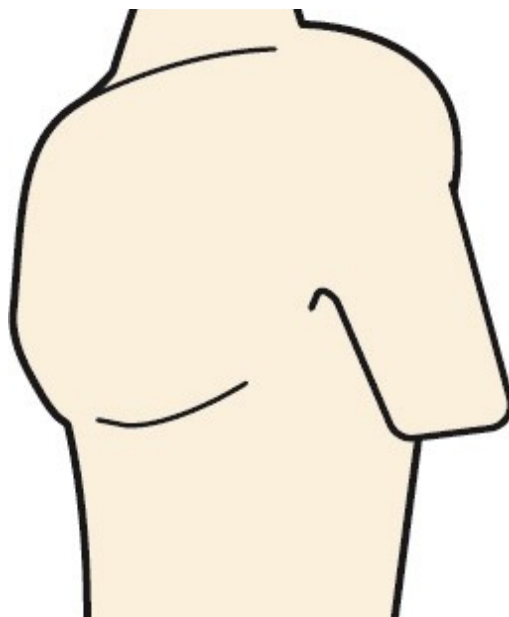
**front**



**Behind**



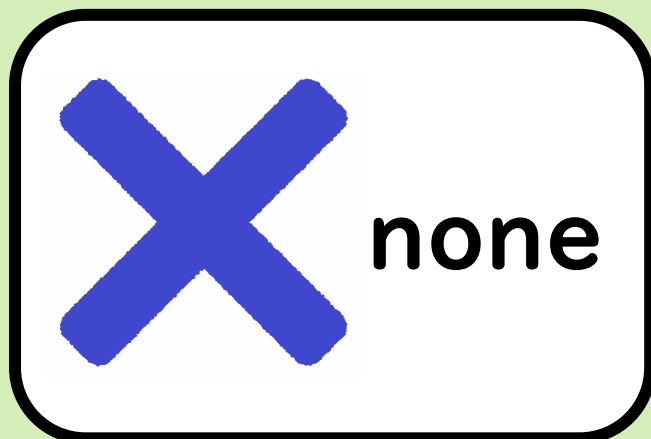
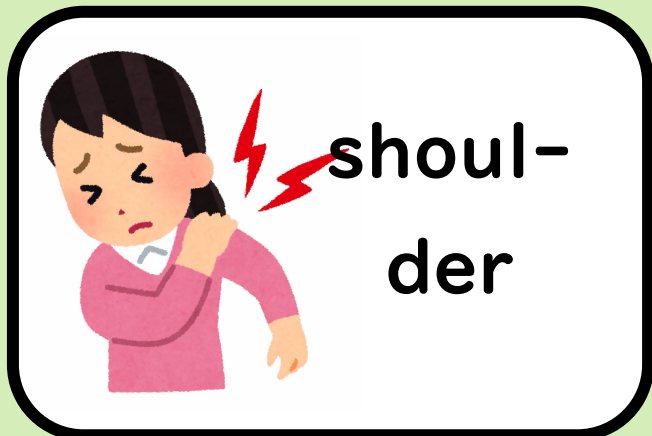
**right**



**left**



Are there any other areas where it hurts?



Are you short of breath?





# What kind of pain is it?



squeezed



held down



stinging



Throbbing  
pain

# Did you take any medicine?



Did you feel better after taking medicine?



Does it hurt in the same spot from the start?



Where did it first hurt?

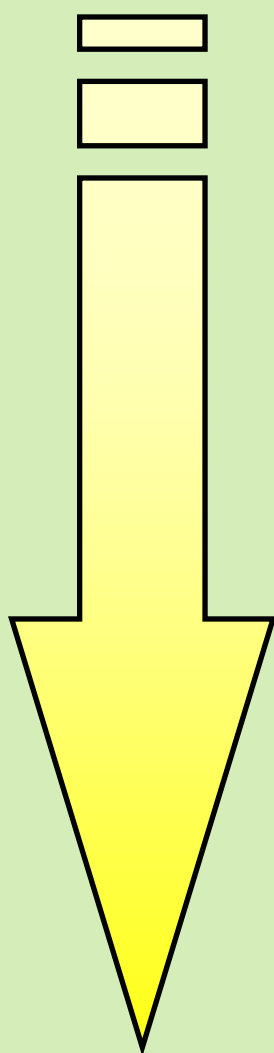
まえ  
※4ページ前へ

Have you experienced the same suffering (pain) before?



When did it start to feel painful?

**now**



**Before**

**suddenly**

**15 minutes ago**

**30 minutes ago**

**1 hour ago**

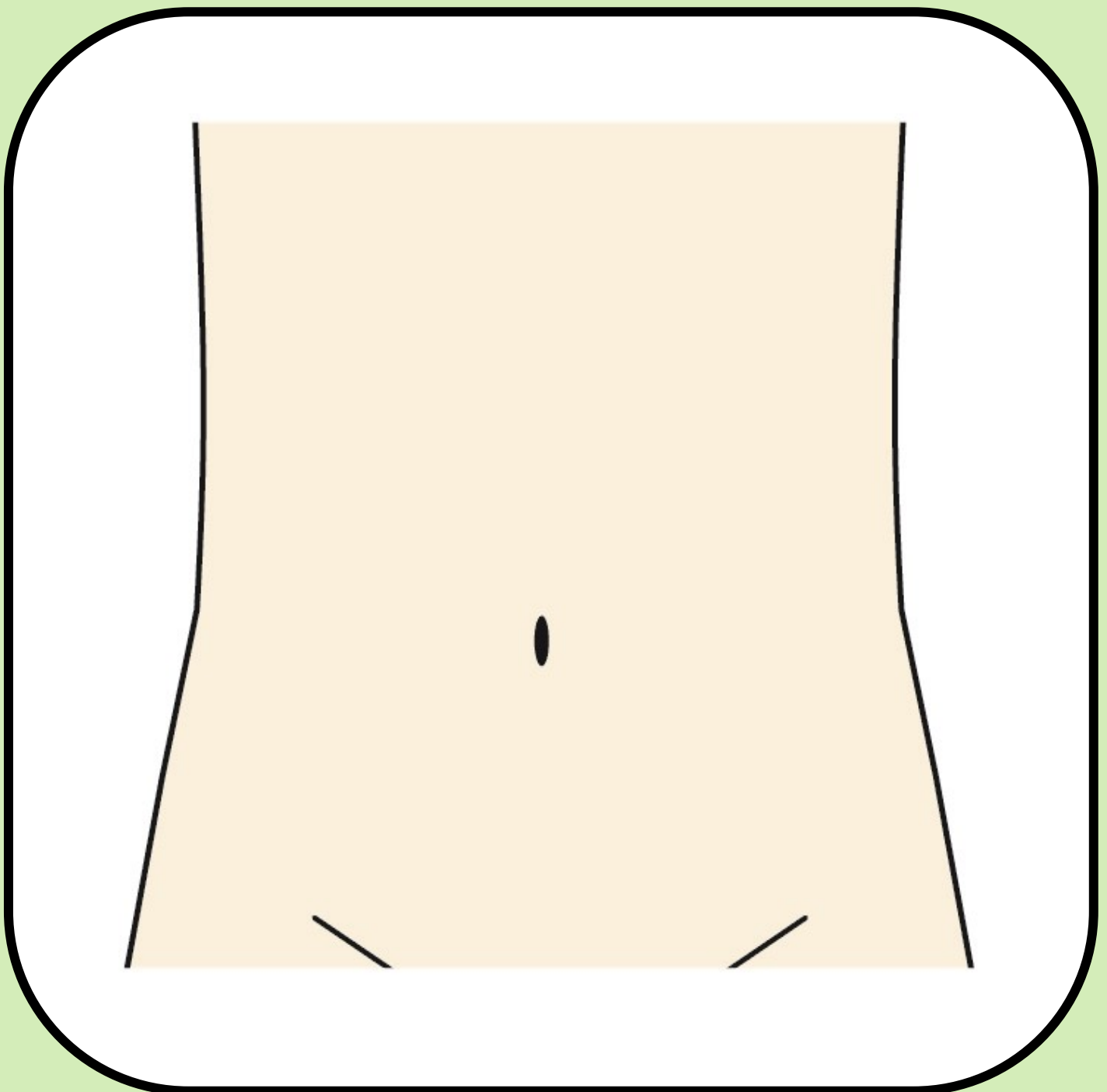
**3 hours ago**

**1 day ago**

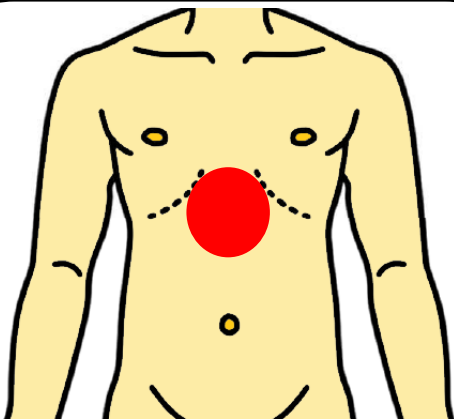
**earlier than that**

**I don't know**

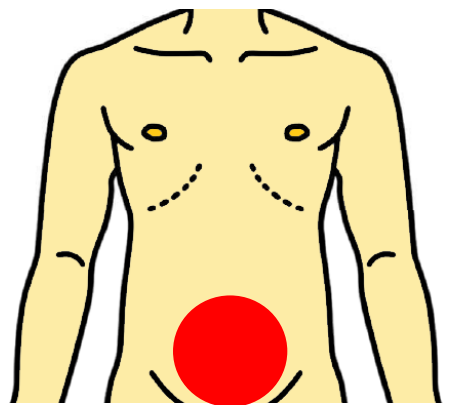
# abdominal area



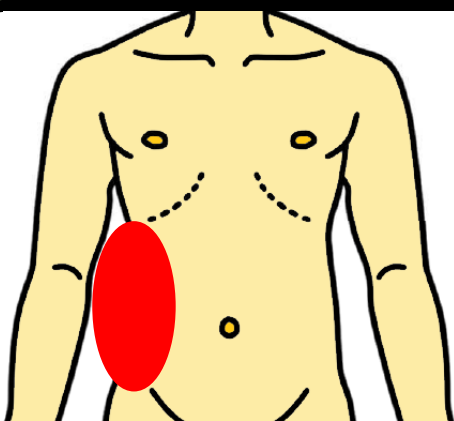
# Where does it hurt?



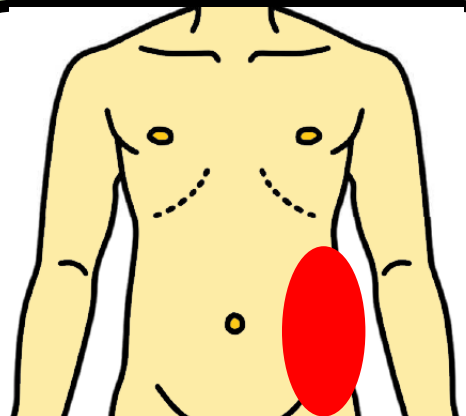
pit of the  
stomach



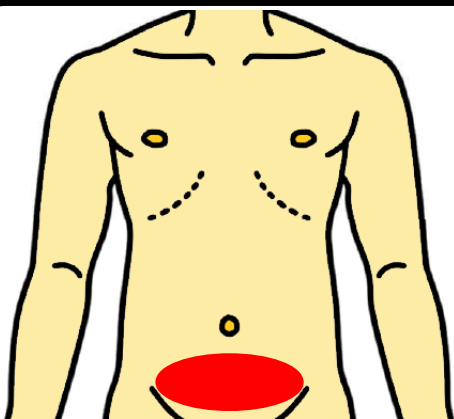
Around the  
navel



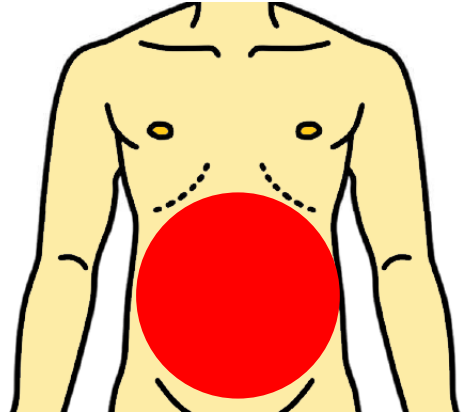
right abdomen



left abdomen

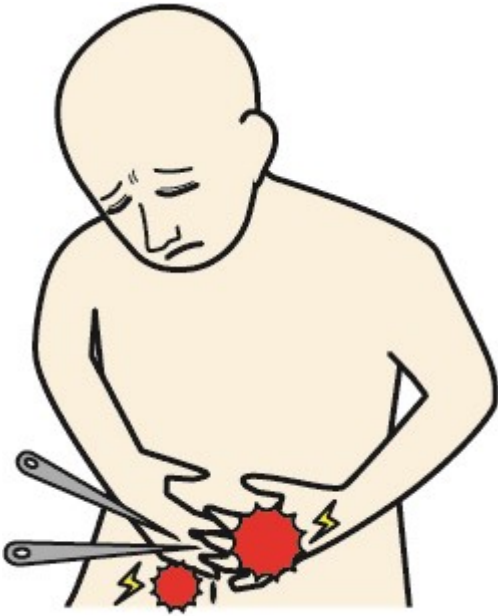


lower abdomen

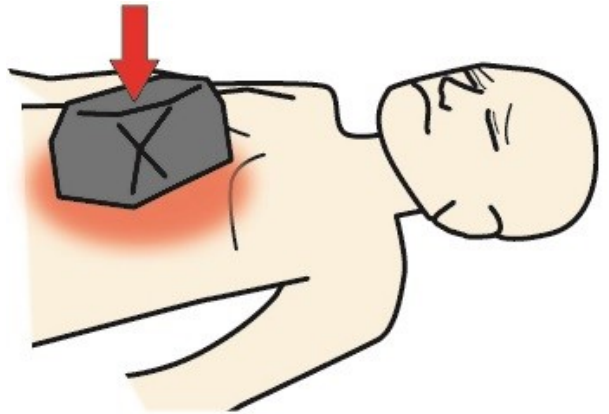


whole

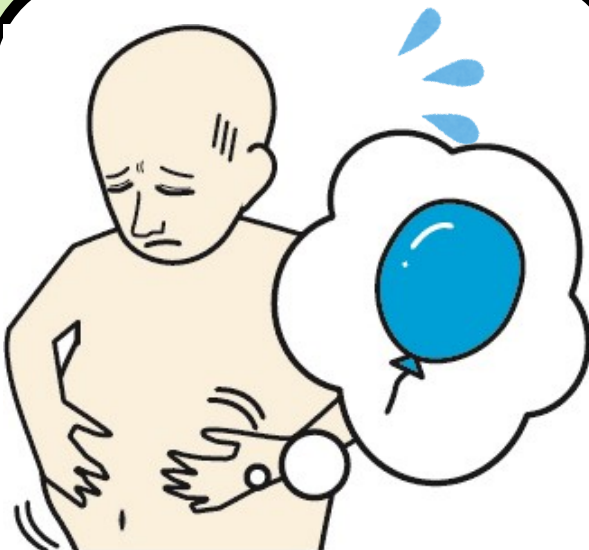
# What are the symptoms?



**stinging**



**heavy**



**abdominal  
distension**



**upset**



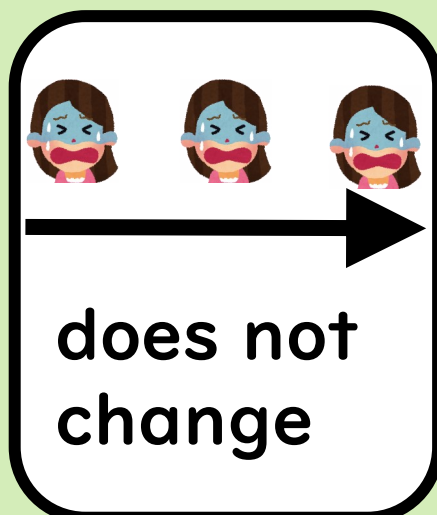
Is there a movement of suffering (pain)?



Have you experienced the same suffering (pain) before?



Does the pain continue?





Do you have any of the following symptoms?



**nausea**



**Blood vomit**



**hematuria**



**bloody stool**



**bloody stool**



**do not  
have**

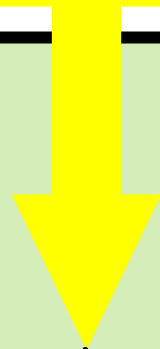
Did you have a bowel movement today?



yes



No



When was the last time you had a bowel movement?



yesterday

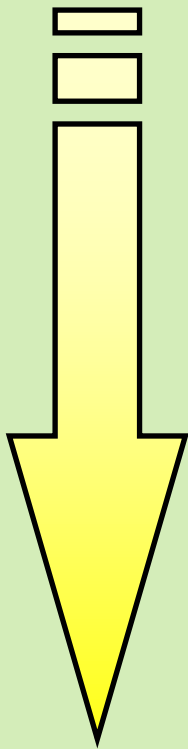
earlier  
than that

# Did you eat food today?



## When was the last time you ate?

**now**



**Before**

15 minutes ago

30 minutes ago

1 hour ago

3 hours ago

1 day ago

earlier than that

I don't know

# infectious disease



Do you have a fever (37.5°C or higher)?



yes



No

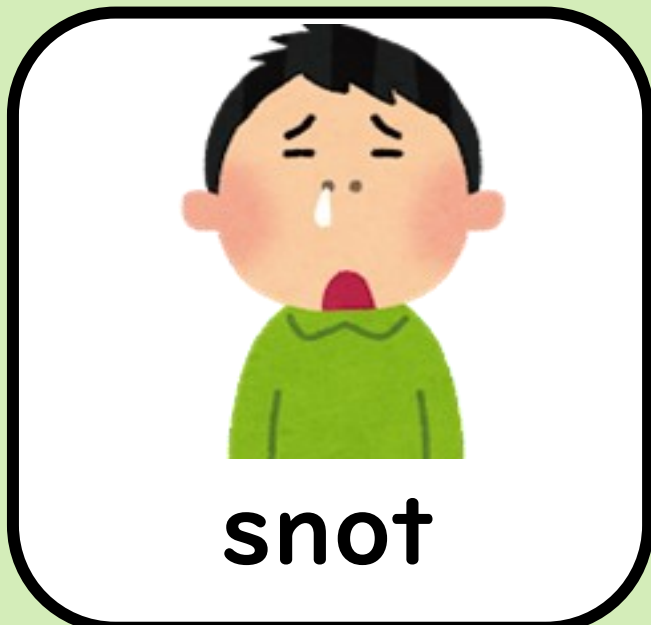
Do you have any of the following symptoms?



throat pain



cough

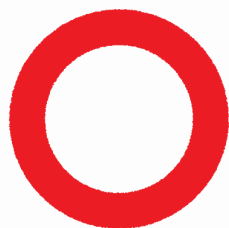


snot



Fatigue, feeling sluggish

# Are you on your period?



yes



No



First day

the 2nd

Third day

Day 4

Day 5

Just  
finished

# Are you pregnant?



yes



No

I don't  
know

Do you currently have any?

※please show me.



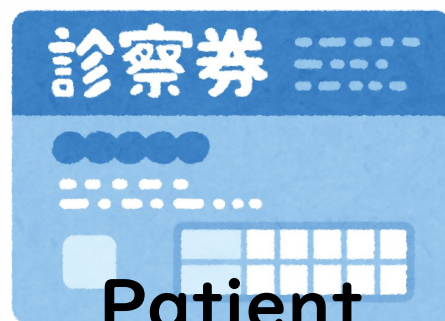
Disability  
certificate



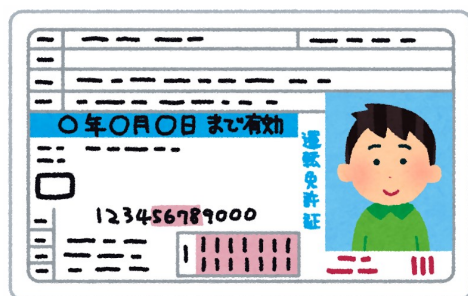
medicine  
notebook



insurance  
card



Patient  
registration  
card



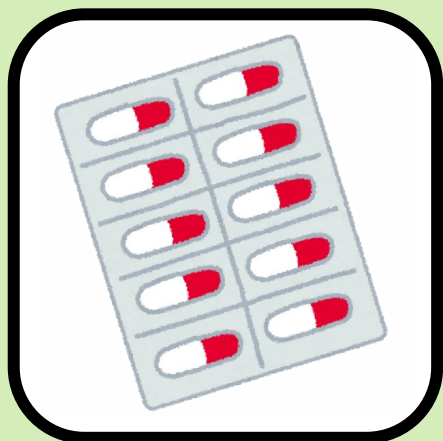
driver's license



My number card



Are there any medicines that you always take?



Did you take your medicine



Do you have a family hospital?





Please tell me your name

Please tell me your date of birth

年	月	日
---	---	---

please tell me your address

Please tell me your contact information

Are there any illnesses that apply?



others

 none

**Where is your primary care physician?**

**Yachiyo  
Medical  
Center**

**Katsutadai  
Hospital**

**St Margaret's  
Hospital**

**Shimadadai  
General  
Hospital**

**New Yachiyo  
Hospital**

**Yachiyo Gen-  
eral Medical  
Clinic**

**to the next page**

**Where is your primary care physician?**

**Seco Medic  
Hospital**

**Saiseikai  
Narashino  
Hospital**

**Toho Univer-  
sity Sakura  
Hospital**

**Saisei  
Hospital**

**Narashino  
Daiichi  
Hospital**

**Chiba  
Tokushukai  
Hospital**

**Other  
hospitals**

あ	い	う	え	お
か	き	く	け	こ
さ	し	す	せ	そ
た	ち	つ	て	と
な	に	ぬ	ね	の
は	ひ	ふ	へ	ほ
ま	み	む	め	も
や	ゆ	よ	や	ゆ
			よ	つ
ら	り	る	れ	ろ
わ	を	ん	”	。

1	2	3	4	5
6	7	8	9	10

A	B	C	D	E
F	G	H	I	J
K	L	M	N	O
P	Q	R	S	T
U	V	W	X	Y
Z				

Do you know your blood type?

RH-

RH+



I don't know

A型

B型

O型

AB型

Do I need a sign language interpreter?



Do I need a summary scribe?

