

HEALTH CHECK

/ /

Thank you very much for coming to our center. For safer and better service of THALASSO THERAPY (seawater treatments), please answer the following questions.

Name: _____ sex: F · M date of birth: ____ / ____ / ____ (____) married · unmarried
 Family name(氏) middle first name(名)
 Address: _____ tel: _____ blood type: _____

■ Have you ever experienced THALASSO THERAPY (seawater treatments) before? (タラソの経験の有無)

NO YES (where? _____ when? _____)

■ Do you feel anxious in water? i.e. Can't swim, have otitis media. (水への不安)

NO YES (_____)

■ Are you pregnant? (妊娠されているかどうか)

NO YES (_____ weeks)

■ Have you been very sick, been injured or had an operation in the past? (過去の大きな病気、手術、怪我の経験)

NO YES (_____)

■ Do you have any health problems? (現在の障害、疾病)

NO YES (_____)

■ Have you been aware of, or diagnosed by a doctor for the following symptoms? (自覚のある症状や医師の診断の有無)

- | | | | |
|--|---------------------------------------|--------------------------|--------------------------------|
| 1.diabetic (糖尿病) | 2.hyperlipidemia (高脂血症) | 3.arthritis (関節炎) | 4.allergic diseases (アレルギー性疾患) |
| 5.brain diseases (脳疾患) | 6.cancer・tumor (癌・腫瘍) | 7.chest trouble (胸部不快感) | 8.skin disease (皮膚疾患) |
| 9.lung disease (肺疾患) | 10.mental disease (精神的疾患) | 11.anemia (貧血) | 12.languor (倦怠感) |
| 13.rheumatism (リウマチ) | 14.high blood pressure (高血圧) | 15.overweight (肥満) | |
| 16.palpitation・gasp・dizziness (動悸・息切れ・めまい) | 17.varicose vein (静脈不全) | 18.kidney disease(腎臓病) | |
| 19.numbness in hands & feet (腰・肩の不快感) | 20.waist or shoulder trouble (手足のしびれ) | | |
| 21.liver disease (肝臓病) | 22.lumbago (腰痛) | 23.swelling (むくみや腫れ) | 24.headache (頭痛) |
| 25.heart disease (心臓病) | 26.frustration (いらいらする) | 27.others (その他(_____)) | |

■ Do you feel any stress? (今のストレスの状態)

Not at all (全くなし) Not much (あまり感じない) Sometimes (時々感じる) Often (ひどく感じる)
 Most of the times (とてもひどい) Don't know (わからない)

■ Are you on medicine? (薬の服用)

NO YES (_____)

■ Do you drink alcohol? (飲酒)

NO YES (_____ days/week(週に何日) 、 amount(量): _____ /day 日)

■ Do you smoke? (喫煙)

NO YES (amount(量): _____ /day 日)

■ Do you sleep well? (睡眠)

NO (_____) YES NEITHER(どちらともいえない)

■ How long did you sleep last night? (昨夜の睡眠時間) (_____ hours)

■ Has any of your family (esp. parents or grand parents) died of heart or brain disease before the age of 60?

(60歳前に心・脳疾患で亡くなられた方の有無)

NO YES

■ In your daily activities, do you spend a lot of time doing the following things? (日常生活)

sitting down (座った状態) standing out (立った状態) going out (外出) heavy work (力仕事)
sales (接客) driving (運転) using your brain (頭脳を使う)
using your hand(手先を使う) over-time work (残業) business trip (出張)
other その他()

■ Do you do any work out?(日常での運動頻度)

Everyday 3-4 days / week 1-2 days / week
1-2 / month No Sometimes

In the past(過去の運動歴)

What kind of sport? _____ How many years? _____ years

Currently(現在行っている運動)

What kind of sport? _____ How many years? _____ Years

■ How long do you work out? (1回の運動時間)

15 min. 15-90 min. 1-2 hours 2 hours or more

■ What is your purpose of using our center? (mark within 3)

Have interest in THALASSO THERAPY (タラソに興味). physical relaxation (肉体的リラックス)
mental relaxation(精神的リラックス) for refreshment(リフレッシュ) health recovery (体調回復)
skincare (スキンケア) rehabilitation (リハビリ) part of a trip (旅行の一部)
others (その他)()

【CONSENT】

I will use the facility with full concern for my health condition.

I will take full responsibility of any trouble that way beside from taking THALASSO THERAPY or any other similar programs.

Signature _____

Date ____ / ____ / ____