


Checklist of Items You Need at the Hospital

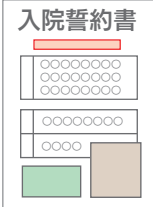
● Documents, seals, etc., necessary on your first day of admission ※ Please check the items in order not to forget anything.

1 The whole set of 'Hospitalization Guide' book

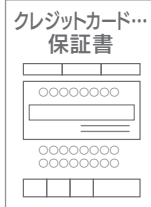
<input checked="" type="checkbox"/> Hospitalization guide book	<input checked="" type="checkbox"/> Written pledge of hospitalization	<input checked="" type="checkbox"/> Guarantee of payment for hospitalization expenses by credit card	<input checked="" type="checkbox"/> Prevention better than cure check sheet	<input checked="" type="checkbox"/> Medical questionnaire for hospitalization	<input checked="" type="checkbox"/> Delirium risk check sheet
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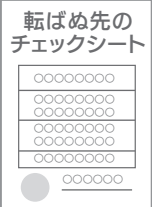
九州大学病院




入院誓約書



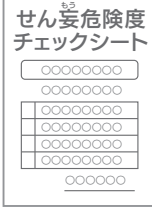
クレジットカード…保証書



転ばぬ先のチェックシート



入院時問診票



せん妄危険度チェックシート

**Please fill out the written pledge of hospitalization at home and submit to the hospitalization reception desk on the first day of admission.

**If you select credit card as your payment guarantee

**Please submit it to the nurse of your inpatient ward on the first day of admission.




<p>2 <input checked="" type="checkbox"/> My number health insurance card, other medical certificates if available</p> <p><small>(Physical Disability Certificate, Infant Medical Certificate, Medical Expense Assistance for Single Parent Household, Specified Medical Treatment Certificate, Certificate of Eligibility for Ceiling-Amount Application, etc.)</small></p> 	<p>3 <input checked="" type="checkbox"/> Personal seal</p> <p><small>**One that requires the red inkpad</small></p> 	<p>4 <input checked="" type="checkbox"/> Patient ID card</p> 	<p>5 <input checked="" type="checkbox"/> Discharge summary</p> <p><small>** Only if you had stayed in another hospital within the last 3 months</small></p> 
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6 Guarantee of Payment



<input checked="" type="checkbox"/> If you select "cosigner", a copy of the cosigner's ID	<input checked="" type="checkbox"/> If you select "Guarantee by credit card", a copy of the credit card holder's ID
<input checked="" type="checkbox"/> If you select "Guarantee by credit card", your credit card	<input checked="" type="checkbox"/> If you select "hospitalization deposit", 100,000 yen in cash

**Not required if guaranteed by the patient's own credit card.

● Items you need for your hospital stay

<p>7 Medications</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Medications you are currently taking</td> <td><input checked="" type="checkbox"/> Medicine handbook</td> <td><input checked="" type="checkbox"/> Information of medications</td> </tr> </table> 	<input checked="" type="checkbox"/> Medications you are currently taking	<input checked="" type="checkbox"/> Medicine handbook	<input checked="" type="checkbox"/> Information of medications	<p>8 Footwear</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Footwear</td> </tr> </table> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  <p>Shoe type footwear</p> </div> <div style="text-align: center;">  <p>Slippers or flip-flops</p> </div> </div>	<input checked="" type="checkbox"/> Footwear
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<p>9 Cutlery</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Cup with a handle</td> <td><input checked="" type="checkbox"/> Chopsticks</td> <td><input checked="" type="checkbox"/> Spoon</td> </tr> </table> 	<input checked="" type="checkbox"/> Cup with a handle	<input checked="" type="checkbox"/> Chopsticks	<input checked="" type="checkbox"/> Spoon	<p>10 Amenities</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Toothbrush</td> <td><input checked="" type="checkbox"/> Denture case</td> <td><input checked="" type="checkbox"/> Comb, etc.</td> </tr> </table> 	<input checked="" type="checkbox"/> Toothbrush	<input checked="" type="checkbox"/> Denture case	<input checked="" type="checkbox"/> Comb, etc.	<p>11 Bath items</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Washing bowl</td> <td><input checked="" type="checkbox"/> Shampoo</td> <td><input checked="" type="checkbox"/> Soap</td> <td><input checked="" type="checkbox"/> Shaving razor, etc.</td> </tr> </table> 	<input checked="" type="checkbox"/> Washing bowl	<input checked="" type="checkbox"/> Shampoo	<input checked="" type="checkbox"/> Soap	<input checked="" type="checkbox"/> Shaving razor, etc.
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<p>12 Underwear</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Shirts</td> <td><input checked="" type="checkbox"/> Underpants</td> </tr> </table> 	<input checked="" type="checkbox"/> Shirts	<input checked="" type="checkbox"/> Underpants	<p>13 Nightwear</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Nightwear</td> </tr> </table> 	<input checked="" type="checkbox"/> Nightwear	<p>15 Others</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Box of tissue</td> <td><input checked="" type="checkbox"/> Jacket (when it's cold)</td> </tr> <tr> <td><input checked="" type="checkbox"/> Towels</td> <td><input checked="" type="checkbox"/> Laundry detergent</td> </tr> <tr> <td><input checked="" type="checkbox"/> Bath towels</td> <td><input checked="" type="checkbox"/> Pens</td> </tr> <tr> <td><input checked="" type="checkbox"/> Cloth hangers</td> <td><input checked="" type="checkbox"/> Face masks</td> </tr> <tr> <td><input checked="" type="checkbox"/> Diapers</td> <td><input checked="" type="checkbox"/> Hand soap</td> </tr> </table> <p>Please prepare items above if necessary.</p>	<input checked="" type="checkbox"/> Box of tissue	<input checked="" type="checkbox"/> Jacket (when it's cold)	<input checked="" type="checkbox"/> Towels	<input checked="" type="checkbox"/> Laundry detergent	<input checked="" type="checkbox"/> Bath towels	<input checked="" type="checkbox"/> Pens	<input checked="" type="checkbox"/> Cloth hangers	<input checked="" type="checkbox"/> Face masks	<input checked="" type="checkbox"/> Diapers	<input checked="" type="checkbox"/> Hand soap
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*Please refer to pages 5-6 of the "Hospitalization Guide"