







■ 基本情報

Form with fields for patient ID, name, sex, birth date, and medical history.

■ 診断基準に関する事項

A. 症状

Form for recording symptoms, including physical characteristics and various clinical signs.

B. 検査所見 (該当する項目に記入)

Form for recording laboratory and imaging findings.

<診断のカテゴリー> (該当する項目に記入)

Form for selecting diagnostic categories with checkboxes.

症状の概要、経過、特記すべき事項など

Text area for describing symptoms and course.

■ 発症と経過

Form for recording onset and course details.

■ 重症度分類に関する事項

Form for recording severity classification with multiple sub-sections.

■ 人口呼吸器に関する事項 (使用者のみ記入)

Form for recording mechanical ventilation usage.

Form for recording hospital name, address, and contact information.

Printed consent form text regarding data usage and privacy.

■ 基本情報

Form for patient information and medical history for Trigeminal Neuralgia.

■ 診断基準に関する事項

診断

Form for recording diagnostic criteria.

A. 症状

Form for recording symptoms and physical characteristics.

B. 検査所見

Form for recording laboratory and imaging findings.

<診断のカテゴリー> (該当する項目に記入)

Form for selecting diagnostic categories.

症状の概要、経過、特記すべき事項など

Text area for describing symptoms and course.

■ 発症と経過

Form for recording onset and course details.

■ 治療その他

Form for recording treatments and other clinical notes.

■ 重症度分類に関する事項

Form for recording severity classification with multiple sub-sections.



















