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Appointment Date and Time

1) List any medical problems. _____

2) List any surgeries, their place and date. Any complications? If yes, explain.

a)
 Yes: _____

No

b)
 Yes: _____

No

c)
 Yes: _____

No

d)
 Yes: _____

No

e)
 Yes: _____

No

3) Any allergies to medications? Yes No _____

4) List any questions you have. _____

5) Please bring all your medicines, including any herbal supplements, in their original bottles (or a list if the bottles are unavailable) to your appointments.