

Medical Questionnaire

for clinic use only

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入力	

◆General information

Name:			
Date of birth: day	month	year	Age:
Address:			Zip code: _____
* May we send postage materials to this address? 郵送可否 <input type="checkbox"/> Yes <input type="checkbox"/> No			
Phone No. Home: _____		/ Cellular: _____	
E-mail address:			
Nationality:		Language:	
* Do you have health insurance card? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Height:	Weight:	Blood type:	RH + -

1 Please write down the reason why you want to visit our clinic.

来院理由

2 Menstrual history

When was your menarche? 初潮 Age _____

Menstruation 月経周期 Regular cycles _____days, Irregular cycles

When did your last period start? 最終月経 day _____ month _____ year _____, _____days

3 Marital status

Single Married

How long do you try to conceive? 挙児希望期間 _____years _____months

4 Obstetrical history

Have you been pregnant before? 妊娠歴 Yes No

If yes, Delivery 分娩 _____ times, month _____ year _____

Miscarriage 流産 _____ times, month _____ year _____

Artificial abortion 中絶 _____ times, month _____ year _____

5 Previous Infertility treatment

Have you ever had an infertility treatment? 不妊治療経験 Yes No

If yes, Timing method タイミング _____times Intrauterine Inseminations(IUI) AIH _____times

In vitro fertilization(IVF) _____times

6 Medical history

Do you have any allergy to medicines or local anesthesia? 薬・局所麻酔でのアレルギー Yes No

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Have you ever been told that you are liable to develop thrombi or to bleed? 血栓・出血 Yes No

Have you ever had a chronic disease or surgery? 持病・手術 Yes No

[]

7 Family medical history

Does anyone in the family suffer from the illnesses listed below? 血縁関係者の病歴

	Genetic disorder 遺伝病	Diabetes 糖尿病	Hypertension 高血圧
Relationship to you 続柄			

8 Partner ご主人情報

Name:			
Date of birth: day	month	year	Age:
Cellular:	—	—	
Nationality:	Language:		

* How did you learn about the Yamashita Shonan Yume Clinic?

Referral by previous clinic Referral by friend Magazine Internet Station billboard

If you checked "Referral by previous clinic," please write the name of the clinic/hospital

Thank you for your cooperation.

