ENGLISH

QUESTIONNAIRE

カルテ No._____

"OMOTESANDO" patient? ☐ Yes ☐ No

(受診日 年 月 日)

Date of birth _____ year _____ month _____ day

Name_____ [years-old] Height: _____ cm Weight: _____ kg

☐ Alcohol (times / week)

Nationality:_____ Language:_____ Blood type: _____ (Rh + -) ☐ Smoking (Cigarette / day)

Do you have Japanese health insurance? ☐ Yes ☐ No Do you have private health insurance? ☐ Yes ☐ No

1. What are your symptoms?

☐ Gynecological examination
(Pap smear / others:)
☐ Pregnancy check
☐ Contraceptives (Birth control pills / IUD / Emergency contraception)
☐ Irregular period
☐ Vaginal discharge
☐ Vaginal itching
☐ Abdominal pain
☐ Irregular genital bleeding
☐ Ovarian cyst
☐ Uterine fibroids
☐ UTI (Urinary Tract Infection) / Cystitis
☐ Infertility
☐ STD check [ ]
☐ Others [ ]

2. Menstrual period

Most recent menstruation (from / - /)
Menstrual flow (Heavy / Normal / light)
Menstrual cycle (Regular / Irregular)
Age at menopause: _____ years

3. Pregnancy history

Are you currently pregnant? (YES / NO)
Do you want to deliver? (YES / NO)
The expected date of delivery (if known) : 20 / / Hospital:_____
Delivery: _____times (☐ Vaginal delivery: _____times, ☐ C-section: _____times, ☐ Other: _____times)
Miscarriage: _____times(☐ Natural miscarriage: _____times, ☐ D&C: _____times, ☐ Abortion_____times)
Others: ☐ Ectopic pregnancy ☐ Hydatidiform mole
Are you currently breastfeeding? (YES / NO)

4. Do you have a history of major illness, surgery, allergies, etc., ? (YES / NO)

Illness / Surgery [ ]
Illness currently being treated [ ]
Medication currently taken [ ]
Medication allergy (YES / NO) [ ]
Food allergies (YES / NO) [ ]
Other allergies (YES / NO) [ ]
Asthma (YES / NO)
Thyroid disease (YES / NO)
Blood transfusion (YES / NO)

5. Cervical cancer checkup (Pap smear) within 1 year

☐ Yes _____ year _____ month _____ day
Result: ☐ Normal ☐ Abnormal [ ]
☐ No

6. Family History

☐ Hypertension
☐ Diabetes
☐ Venous thromboembolism (blood clot in the vein)
☐ Blood disease (such as hemophilia)
☐ Other hereditary diseases
☐ Cancer
☐ Others [ ]

If you have a referral letter, please submit it to the reception.