MALE MEDICAL QUESTIONNAIRE

Please complete all applicable sections.

1. PERSONAL INFORMATION

Full Name	Date Of Birth	Age
	Y M D	
Address	**Phone No.**	**Health Condition**
		☐ Good ☐ Poor
Occupation	**Height (cm)**	**Weight (kg)**

2. MARITAL / FAMILY STATUS

Marital status: ☐ Married ☐ Single ☐ Engaged

Do you have any children? ☐ Yes ☐ No If yes, number of children: _____

3. SEMEN ANALYSIS

Our clinic can perform semen analysis only. We do not provide treatment or prescribe medication. If your test results indicate a need for further care, we can provide a referral to a specialist.

☐ **Standard semen analysis**

Results: approximately 2 weeks / ¥12,870 (Including ¥2,200 for an English consultation)

☐ **Standard semen analysis + DFI TEST (DNA Fragmentation Index Test)**

Results: approximately 3 weeks / ¥26,070 (Including ¥2,200 for an English consultation)

4. MEDICAL HISTORY

Please check all that apply and provide the age when applicable.

☐ Difficulty ejaculating / 射精不可 ☐ Difficulty getting an erection / 勃起不可

☐ Difficulty maintaining an erection / 勃起持続不可 ☐ Unable to ejaculate inside the vagina / 膣内射精不可

Condition / Medical History	Age (at diagnosis / occurrence)	Details
Mumps おたふくかぜ		
Abdominal hernia ヘルニア		Surgery? ☐ Yes ☐ No
Diabetes mellitus 糖尿病		
Other (please specify)		
Other (please specify)		

Are you currently taking any medication? 常備薬 ☐ Yes ☐ No

If yes, please list the medication(s): _____

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5. ADDITIONAL MEDICAL HISTORY

☐ Have you ever taken oral medication for AGA (androgenetic alopecia)?

☐ No ☐ Yes — From age _____ to age _____ ☐ I am still taking it

☐ Have you ever received chemotherapy? 抗がん剤治療

☐ No ☐ Yes — Age: _____

☐ Have you ever received radiation therapy? 放射線治療

☐ No ☐ Yes — Age: _____

☐ Have you ever had a semen analysis?

☐ No ☐ Yes — Age: _____

6. ABOUT OUR CLINIC

How did you hear about our clinic? (Please select all that apply.)

☐ Social media (Instagram, Facebook, etc.) ☐ Recommendation (family / friends)

☐ Newspaper / magazine ☐ Referral from another clinic

☐ Information website ☐ Internet search

Website / search terms / other details: _____

Why did you choose our clinic? (Please select all that apply.)

☐ Recommendation ☐ Positive reviews ☐ Doctor specializes in reproductive medicine

☐ More than 25 years of experience ☐ Convenient location ☐ English-language support

☐ Clean facilities ☐ State-of-the-art medical equipment

☐ Other: _____

7. NOTICE TO ALL PATIENTS

We are committed to providing a safe and peaceful environment for all patients.

Please observe the following requirements:
• Follow clinic rules (for example, children are not permitted during visits).
• Verbal abuse, intimidation, or aggressive behavior toward staff is prohibited.
• Behavior that disturbs the peace or privacy of other patients is prohibited.

Failure to comply with these rules may result in refusal of treatment or a request to leave the premises, at the clinic's discretion.

PATIENT CONFIRMATION

I have read and understood the notice above and agree to comply with the clinic rules.

Patient's Signature (please print clearly)	**Date**
	Y M D