

『Medical Questionnaire』

Please fill out the following

Name		Age	
Adress			
TEL	()		
Occupation		Married · Unmarried · Engagement	
Height	cm	Weight	kg

Our clinic can perform Semen Analysis, but not treatment or medication. If your analysis results are not good, we will write a referral letter to a specialist.

If any of the following apply to you, please check and fill in the ().

In addition to **Standard Semen Analysis (Volume, Count, Motility, Morphology/Results in 2W/¥6,600)**,

I would also like to request a DFI test. (DNA Fragmentation Index test/Results in 3W/¥19,800)

Inability to ejaculate / 射精不可 Inability to get an erection / 勃起不可

Inability to keep an erection / 勃起持続不可 Inability to ejaculate vaginally / 膣内射精不可

Mumps / おたふくかぜ : Age _____

Abdominal hernia / 腹部ヘルニア : (Surgical history : Age _____)

Diabetes mellitus / 糖尿病 : Age _____

Others : Age _____ (Name of a disease _____)

Age _____ (Name of a disease _____)

Are there any medications you are currently taking? / 常備薬

(_____)

Have you ever taken oral medication for AGA? (From age _____ to age _____ / Still taking medication)

Have you ever been treated with anticancer medications? / 抗がん剤治療 (Age _____)

Have you ever had radiation therapy? / 放射線治療 (Age _____)

Have you ever had a semen analysis? (Age _____)

*** How did you find out about our clinic?**

SNS (Instagram/Facebook, etc.) Recommendation (family/friends) Newspaper/Magazine

Referral from another clinic Information Website (_____)

Internet Search (_____) Others (_____)

*** Why did you decide to come here? (Multiple choice)**

Recommendation Good Review Doctor specializes in reproductive

More than 25 years of experience Convenient to visit English available

Clean facilities State-of-the-art medical equipment

Notice to All Patients

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

~Requirements~

- Compliance with clinic rule (such as No children allowed during visits)
- Prohibition of verbal abuse, intimidation, or aggressive behavior toward our staff.
- Prohibition of behavior that disturbs the peace and privacy of other patients.

Failure to comply with these rules may result in the refusal of treatment

or a request to leave the premises at our discretion.

Name(own sign/Block letter) _____