

I D : _____

Required item

フリガナ

Month Day Year

Name(wife) _____ (Age) Date of Birth / /

Occupation _____ Nationality _____ Weight _____ kg /Height _____ cm

Mobile phone _____

Address 〒 _____

フリガナ

Month Day Year

Name(Husband) _____ (Age) Date of Birth / /

Occupation _____ Nationality _____ Weight _____ kg /Height _____ cm

Mobile phone _____

What is your preferred treatment plan ?

Infertility tests Timing method IUI IVF/ICSI Second opinion
 Repeated miscarriage tests Egg Freezing Others (_____)

Month Day Year

Last period : From _____ / _____ / _____ Period Cycle :(_____)days

• Past surgery [No / Yes] illness [No / Yes]

surgery : Details _____ age _____, Details _____ age _____
 illness : Details _____ age _____, Details _____ age _____

• Past infertility tests Blood tests Hunner test Hysterosalpingography Semen

Analysis

• Past infertility treatments Timing method Ovulation induction
 Artificial insemination IVF/ICSI

• Smoking history No Yes (→ Now continue Yes: cigarettes per 1 day / No)

• Blood transfusion No / Yes

• Allergy of Medicines/foods No / Yes : Details of allergens _____

• Have you ever been pregnant? [No / Yes]

Number of pregnancies 0、 1、 2、 3、 4、_

Number of deliveries 0、 1、 2、 3、 4 (Abnormality at delivery No / Yes)

Number of preterm deliveries 0、 1、 2、 3、 4

Number of miscarriages 0、 1、 2、 3、 4

Marriage Formal / Common-law marriage / Single (If you wish to freeze eggs, please fill out the following) → **Emergency Contact Name** _____

Relationships _____ / Pnone _____

Have you had sexual intercourse? No (Usually transvaginal ultrasound by a male doctor, but rectal ultrasound by a female doctor is an option/ Yes <Male Dr. available> _____

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) wife

husband