

『Medical Questionnaire』

Please fill out the following

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

Purpose of visit

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 ().

- ☐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