『Medical Questionnaire』

Please fill out the following

Name		Age	
Adress			
TEL	( )		
Occupation		Married・Unmarried・ Engagement	
Height	c m	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 ( ).

☐**Standard Semen Analysis**
(Results in 2W/￥12,650＋￥220 with ENG Consultation),

☐**Standard + DFI test.**
(DNA Fragmentation Index test/Results in 3W/¥25,850＋￥220 with ENG Consultation)

☐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)_____