ＩＤ：_____

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

※Female Doctor requested for the following reasons only. Please check one.（女医希望）

□Religious reasons (宗教) / □No previous sexual experience (経験無し)

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 _____