

Women's Medical Questionnaire

***Please fill out this form accurately.**

(You)	Name (Family, Given)	Date of birth Year Month Day (age:)
	Cell phone number	Occupation :
(Partner)	Name (Family, Given)	Date of birth Year Month Day (age:)
	Cell phone number	Occupation :
Address	(Zip code)	Home phone E-mail address

***We use your personal information for administrative purposes only.**

***Would your mind if we mention the name of our clinic when we contact you on the phone? (Yes · No)**

1	Blood Type <u>A·B·O·AB</u>	RH <u>(+)·(-)</u>	Height cm	Weight kg	BMI kg/m ²
2	Specific treatment you would like.				
	Medical evaluation · Fertility check · Male infertility treatment · IUI · IVF·ET other ()				
3	Marital status	Age at marriage	years old	(Date: Year Month Day)	

Divorce (Year Month) Second Marriage (Year Month)
Engaged · Common-law marriage · Single

4	Length of sterility (years months)
5	Has the cause of your infertility been diagnosed? (Clinic name : Diagnosis :)
6	Last three menstrual cycles
	Started from month/ date Length of bleeding: for days
	Started from month/ date Length of bleeding: for days
	Started from month/ date Length of bleeding: for days
	Age of first menstruation years old Length of cycle days (regular · irregular), Bleeding for days Amount (Heavy · Moderate · Light) Menstrual disorder (Yes · No)
7	Have you ever been pregnant? (Yes · No)
	If yes, give the details. *Count only after appearance of fetal sac.
	Abortion (times) Date:(Y.M.D) / / / / / /
	Miscarriage (times) Date:(Y.M.D) / / / / / /
	Ectopic pregnancy (times) Date:(Y.M.D) / / / / / /
	Delivery (times) Date:(Y.M.D) / / / / / /
	└ Natural childbirth (times) , Forceps delivery (times)
	Vacuum extraction (times) , Caesarean delivery (times)
8	Are you taking any medication or supplements regularly? No · Yes (Name:)
9	Have you ever had any adverse reactions to a blood test, pelvic examination, injection, medicine, or treatment? No · Yes (Details:)

10 Have you ever experienced any of the following? If so, please give brief details.

- Any allergy: No • Yes ()
- Asthma: No • Yes, in the past • Yes, currently ()
- Glaucoma: No • Yes ()
- Diabetes: No • Yes ()
- High blood pressure: No • Yes ()
- Thrombosis (yourself) :
No • Yes, in the past • Yes, currently ()
- Thrombosis (anyone in your family) :
No • Yes, in the past • Yes, currently ()

11 Have you ever had a serious illness or undergone surgery? Please give the details from birth up until now, including current medical issues and past abnormal test results.

No • Yes (details:)

12 Have you ever had any infectious disease?

No • Yes (hepatitis B • C, syphilis, AIDS, HIV, other ())

13 Have you or anyone in your family ever had diagnosed with tuberculosis? No • Yes (who?)

14 Does anyone in your family have sterility problems or any hereditary disease? No • Yes (who?)

15 Do you smoke? No • Yes (/ day) Started at the age of ()

16 Do you drink alcohol? No • Yes (Every day • Sometimes)
Beer • Wine • Liquor (how much a day:)

17 Intercourse (about times a month)

18 Other symptoms

Abnormal lactation • coital pain • trembling of hands • drastic weight loss (kg)
Other ()

19 Have you ever had the following fertility exams?

- ① Basal body temperature (normal • abnormal) ② Hysterosalpingography (normal • abnormal)
- ③ Pertubation, Hydrotubation (normal • abnormal)
- ④ Semen examination (normal • abnormal: detail)
- ⑤ Laparoscopy (normal • abnormal)
- ⑥ Hormone examination (normal • abnormal)
- ⑦ Post-coital test (normal • abnormal) ⑧ Other ()

20 Have you ever had the following fertility treatments? (previous clinic name:)

- ① Timed intercourse (times) ② IUI (times)
- ③ Ovulation induction (Clomiphene: times, HMG: times)
- ④ Other medication ()
- ⑤ IVF • ICSI (Oocyte pickup: times, Fresh embryo transfer times,
Frozen-thawed embryo transfer times)
- ⑥ Other ()

21 How did you learn about our clinic? (Check the boxes below)

- Introduced by another doctor (Clinic: Doctor:)
- Introduced by someone (Name: Relationship:)
- Newspaper (Article about our clinic • Advertisement for our clinic)
- Public signboards
- Magazines (Akachan ga hoshii, Jineko, other :)
- Website (Searched by keywords • Site for fertility treatment • i-town page)
- City Living's seminar (attended saw the article)
- Other ()