Preliminary Diagnosis List(予診票)

Outpatient of Obstetrics and Gynecology(産婦人科)

DATE:　　/　　/

Your name:　　Date of birth:　/　/　, Years old

Occupation(職業):　　Country of Citizenship(国籍):

Name of your husband or partner:　　Date of birth:　/　/　, Years old

Occupation(職業):　　Country of Citizenship(国籍):

Your home address:

Phone number:

Height(身長):　cm　Weight(体重):　kg

Please make a circle on item for the reason for today's visit.(本日来院した理由に○をつけてください)

Introduction from the hospital(病院からの紹介):

Anxious about UTERUS MYOMA(子宮筋腫)　/

Cancer screening(がん検診) / DISCHARGE(おりもの) /

ITCHING(かゆみ) / IRREGULARITY OF PERIODS(月経不順) /

BLEEDINNG FROM THE GENITALS(不正出血) / pregnancy(妊娠)

Other reason:

血圧測定用紙貼付

尿蛋白(　)糖(　)ケトン(　)

About menstruation(月経について)

・What was tour age of the monarch(月経が初めて来たのは何歳ですか)?:　years old

・Menstrual cycle by every(月経周期);　days,

Earliest cycle(早いとき);　days,　Latest cycle(遅いとき);　days.

・Duration of bleeding(月経の出血は何日間か) : for　days.

・Amount of bleeding(出血量は) : little(少) / medium(中) / plenty of(多)

・Menorrhagia(生理痛は) : Yes / No.

If yes : Pain in abdomen(下腹部痛) / Lumbago(腰痛) / Taking medicine(内服) / Going to bed(寝ている) / Others(その他)　.

・Date of the latest periods(最近の月経);　/　/　for　day's bleeding.

・Date of the periods prior to the above latest periods(その前の月経);　/　/　for　day's bleeding.

・What was your age of menopause(閉経)?:　years old.

About marriage(結婚について)

Your age at your marriage(結婚年齢);　years old. Its date　/　(year/month)

Not being married(未婚) / living together(同棲中)(from when)　/　(year/month)

Divorce(離婚);　/　(year/month)

Do you have sexual intercourse(性交渉の有無)? ; Yes / No

About life(生活について)

Do you smoke(タバコ) ; Yes:　per day(1 日あたり) /No

Do you drink alcohol(飲酒); Yes:　per day / Sometimes(時々) :　days a week (週に)/ No

Is there an ongoing religion(進行している宗教はありますか)? Yes:　/ No

About pregnancy and childbirth(妊娠・出産について)

※If you are pregnant, please enter the number of times including this pregnancy(今回の妊娠を含めた回数).

Pregnancy(妊娠)：_____times, Delivery(分娩).:_____times, Caesarean section(帝王切開):No/ Yes(____times)

Abortion(流産).;_____times, Artificial abortion(人工中絶).:_____times,

Ectopic pregnancy(子宮外妊娠).:_____times, Hydatidiform mole(胞状奇胎).:_____times

Please fulfill this list in order of pregnancy(以下は妊娠した順番に記入してください).

	Date(year/month)	Months of pregnancy (妊娠週数)	Course of pregnancy/delivery (妊娠、分娩経過)	Weight	Sex	Place of delivery (分娩場所)
1	/	Weeks	Abortion(自然流産) / Artificial abortion(人工中絶) / Normal delivery(正常分娩) / Abnormal(異常)	g	Male / Female	
2	/	Weeks	Abortion / Artificial abortion / Normal delivery / Abnormal	g	Male / Female	
3	/	Weeks	Abortion / Artificial abortion / Normal delivery / Abnormal	g	Male / Female	
4	/	Weeks	Abortion / Artificial abortion / Normal delivery / Abnormal	g	Male / Female	

About the condition of the body(体の状態について)

Do you have any allergies? (アレルギーはありますか) :Yes / No

If yes; Food(食物) / Drug(薬剤) / Animal(動物) / Plant(植物) / Rubber product(ゴム製品) / Hay fever(花粉症)

Specifically(具体的に):_____

Have you ever had the following illnesses? (次のような病気にかかったことはありますか): Yes / No

Liver(肝臓) / Kidney(腎臓) / Heart(心臓) / Allergy(アレルギー) / Tubercle(結核) / Venereal disease(性病) / Diabetes(糖尿病) / High blood pressure(高血圧) / Caecum(盲腸) / Others:_____

years old	Disperse name;	The name of the hospital;
years old	Disperse name;	The name of the hospital;

If you have undergone any operation, please fulfill the name of disease and its date(year/month).: Yes / No

(手術をしたことがある場合にはその病名と年齢を教えてください)

years old	Disperse name;
years old	Disperse name;

Is there any medicine you are taking now? (今飲んでいるお薬はありますか)；Yes / No

If yes, be specific:_____

About vaccination of new coronavirus(新型コロナウイルスのワクチン接種について)

Inoculated(接種した):First time :____/____/____,Second time:____/____/____,Third time:____/____/____

Will be inoculated in the future(接種する予定) :____/____/____, Not inoculated(接種していない)