【 Gynecology Questionnaire 】

Date of examination: year / month / day	
E	Birthday
Name	year /month /day
Phone number ()	
What is the problem today?(Check all the apply.)	
□ltchness □Vaginal discharge □Perineum rush □Redness and swelling □Pill consultation and prescription	
□Uterine cancer screening(Cervical cancer・Endometrial cancer) □Menstrual disorder □Menstrual pain □Bridal check	
□Have pain(Lower abdominal • Dyspareunia • Lumbago) □Menstrual movement □Abnormal vaginal bleeding	
□Check for myoma and ovrian cyst □Contraceptive consultation □Eergency contraception	
□Hope to get pregnant □Pregnancy test □Menopause □other()	
I'd like to ask you about your menstrual periods and pregnancy.	
Are you currently married? Yes·Schedulle()·No Do you have any pain during your periods? Yes·No	
How old were you when you started having your period? Age /When you were around years old	
How old were you when you had your last period? Age /When you were around years old	
What is your usual flow? □Light □Normal □Heavy	
When did your recent period start? year /month /day	
How many days do periods last on average? Day-length of your menstrual periods / Irregular	
How many days long is your menstrual cycle? Day-menstrual cycle / □ Irregular	
Have you ever had sexual intercourse? Yes · No	
Have you ever been pregnant? Yes · No	
Age Weeks of pregnancy	Pregnancy course
Weeks Vaginal d	lelivery • Caesarean section • Miscarriage • Abortion
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Are your perhaus you have under the core of a destar in the past 2.	
Are you , or have you been , under the care of a doctor in the	
Have you ever had sugery? Do you have any allergies?	No·Yes() No·Yes()
Do you have an allergy to latex? No •Yes(
Do you smoke regularly?	No · Yes(cigarettes/Day)
Are you currently on any medication,includeing vitamin and nutritional supplement? No·Yes(
Others (
How did you know about this clinic?	
□Website □Introduction of acqaintance()□Introduction from other hospitals □SNS □Other()	