

Gynecology Questionnaire



Name: _____

Please the boxes, to the items that apply to you.**■ Have you had sex in the last 3 months?** 3ヶ月以内に性交渉ありますか? Yes No**■ Have you had a cervical cancer screening within the last year?** 1年以内に子宮頸がん検診をしましたか? Yes NoPlease the boxes, or fill in the empty blanks to the items that apply to you. **Period doesn't come** 月経が来ない Does it become irregular often? しばしば不順になりますか? Yes This is the first time **Irregular periods** 月経不順 From when? (_____) **Abnormal bleeding** (including brown discharges) 異常出血 (茶色帯下を含む) From when? (_____ days ago) **Lower abdominal pain** 下腹痛 Where is it located? 場所はどこですか?
右下腹部 左下腹部 中央 ばらばら
(lower right abdomen • lower left abdomen • central • various places)
 Do you have pain when urinating? 排尿時痛みありますか? Yes No **Menstrual pain is strong** 月経痛が強い From when? Recently 最近 Menarche 初経より Gradually 次第に **Itching of the genital area** 陰部のかゆみ From when? Recently 最近 From before 以前より Repeat 繰り返す **Increase in the amount of discharge** 帯下の量が増えた From when? Recently From before Repeat **Foul-smelling discharge** 帯下の臭い From when? Recently From before Repeat **Worried about STDs** (sexually transmitted diseases) 性感染症が心配 Will you take our STD set test? 性行為感染症セットを受けますか?
 I want to take it. 受けたい Not necessary. 不要 A Set: Chlamydia • Gonorrhea bacteria (throat, uterus) クラミジア・淋菌 (咽頭・子宮) AA Set: Chlamydia • Gonorrhea bacteria (throat only) クラミジア・淋菌 (咽頭のみ) B Set: Syphilis, HIV 梅毒、HIV C Set: HB, HCV, HTLV-1 D Set: A+B Sets DX Set: A+B+C Sets **Pregnancy diagnosis** (Desire to give birth • Abortion consultation) 妊娠の診断 (分娩希望・人工妊娠中絶の相談) Have you confirmed the pregnancy reaction yourself? 自分で妊娠反応を確認しましたか? Not yet していない Did した (Date: ____/____/____, Result: + • -) Did you receive a check-up at another medical institution? Not yet していない Did した (Date: ____/____/____, Diagnosed @ ____ weeks pregnant) **Desire contraceptive pill** (Purpose of contraception • Other) ビル希望 (避妊目的・その他) **Emergency contraceptive pill "Morning after pill"** (Can be prescribed within 72 hours after sex) 緊急避妊ピル **Contraceptive ring** リング希望 **Wish to move my cycle due to vacation plans**

旅行などで月経調整したい

month day

month day

(Like to have it pushed to a later date from the original start of ____/____ to new start date of ____/____) (____月 ____日から ____月 ____日 を避けたい)

 Cervical cancer screening 子宮頸がん検診 **Ovarian cancer screening** 卵巣がん検診 **Bridal Check** ブライダルチェック

〔Blood sample 採血, Ultrasound 超音波, Uterine cancer screening 子宮がん検診, Chlamydia • Gonorrhea bacteria 淋菌 (uterus 子宮)〕

 Diet ダイエット **Others** その他 (_____)

Self-pay Tests

STD Sets	A Set	AA Set	B Set	C Set	D Set	DX Set
Cost	¥8,210 (With Tax: ¥9,031)	¥4,420 (With Tax: ¥4,862)	¥3,560 (With Tax: ¥3,916)	¥5,490 (With Tax: ¥6,039)	¥11,770 (With Tax: ¥12,947)	¥15,260 (With Tax: ¥16,786)

Screening Name	Cervical cancer screening	Ovarian cancer screening	Bridal Check
Cost	¥3,700 (With Tax: ¥4,070)	¥5,300 (With Tax: ¥5,830)	¥25,170 (With Tax: ¥27,687)

※ The price including tax is an estimate stated due to obligation to display the total amount. Minor differences in calculation may occur at time of actual accounting.

※ All costs are subject to change without notice. Thank you for your understanding. ※ There is an additional First time fee/Revisit fee that applies to the above tests.