

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	¥10,950 (With Tax: ¥12,045)	¥7,370 (With Tax: ¥8,107)	¥3,620 (With Tax: ¥3,982)	¥4,220 (With Tax: ¥4,642)	¥14,570 (With Tax: ¥16,027)	¥16,790 (With Tax: ¥18,469)
Screening Name	Cervical cancer screening		Ovarian cancer screening		Bridal Check	
Cost	¥3,400 (With Tax: ¥3,740)		¥5,300 (With Tax: ¥5,830)		¥26,500 (With Tax: ¥29,150)	

※ 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.