

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 uterine cancer screening within the last year? 1年以内に子宮がん検診をしましたか? Yes No

Please 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)

Uterine cancer screening 子宮がん検診

Ovarian cancer screening 卵巣がん検診

Breast cancer screening 乳がん検診

(At Oak Clinic we can only do an ultrasound and physical exam. If you want a mammography we can write you an introduction letter to another clinic. For patients with having symptom signs, we recommend to be seen by a specialist.)

Bridal Check ブライダルチェック

(Blood sample, ultrasound, uterine cancer screening, breast cancer screening, Chlamydia • Gonorrhea bacteria (uterus))

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	¥8,230	¥4,360	¥3,390	¥3,990	¥11,620	¥13,870

Screening Name	Uterine cancer screening	Ovarian cancer screening	Breast cancer screening	Bridal Check
Cost	¥3,400	¥5,300	¥3,500	¥31,000

※There is an additional First time fee/Revisit fee that applies to the above tests. ※All costs are displayed without tax.

※All costs are subject to change without notice. Thank you for your understanding.