



DATE / / /

Urology Initial Consultation Questionnaire

(泌尿器科初診問診票)

Name _____ Age _____ ID _____

☐ male / ☐ Female Height _____ cm / Weight _____ kg / Body Temperature _____ °C

We will ask for a urine sample from most patients. Do not go to the bathroom (urinate) before the examination. Notify the staff if you urgently need to go.
(ほとんどの方は診察前に尿検査をお願いします。尿をしないで外来での指示をお待ち下さい)

■ What are the main symptoms that you are experiencing.?
(本日来院の主な症状は何ですか)

■ When did these symptoms start?
(症状はいつから始まりましたか)

■ Have you had any major illness, surgery, injury or been hospitalized?
(今までに病気、手術、外傷または入院の経験はありますか)

☐ No ☐ Yes illness : _____
age : _____

■ Do you have any allergies?
(アレルギーは何かありますか)

☐ No • ☐ Yes, to _____

■ Are you currently taking any medication?
(現在何か薬を飲まれていますか)

☐ No ☐ Yes (name of medicine : _____)

■ Do you smoke?
(喫煙しますか)

☐ No ☐ Yes ☐ Used to smoke
(Amount per day: _____、For how long? _____)

■ Do you drink any alcohol? ☐ No ☐ Yes ☐ Used to drink
(お酒は飲みますか)

(Type of alcohol : _____, Amount: _____)

☐ Daily (毎日) ☐ Occasionally (時々) ☐ Few times a month (月に2、3回)

■ For female patients, (女性の方へ)

Are you pregnant at the moment? ☐ No ☐ Yes ☐ Not sure
(現在妊娠していますか)

When was your last menstrual period? (____/____) ☐ Menopause
(最終生理はいつですか) (閉経している)

■ Do you have any medical referral ? ☐ No ☐ Yes
(紹介状はお持ちですか)