



Questionnaire

First Visit / /

Name _____ Date of Birth / / / Age male , female

Address _____ Zip Code _____

Phone Number(Home) — — (Cellular) : — —

How did you know about our clinic?

- HP (PC/cellular) At Colette Mare Referred from other hospitals
- Introduced by my friend Referred from Yokohama City emergency medical center
- Healthy Tokyo Other (_____)

① Please circle on the symptoms below

<p>Dermatology When did it start? _____ </p> <p>Please circle the affected parts on the right picture</p> <p>Itching Rash Pain Pimple,acne Insect bite Burn Peel Loss of hair Wart Water warts Corns Mole Drying Lump Athletes foot Consultation surgery Other symptoms (_____)</p>	
<p>Urology When did it start? _____</p> <p>Difficult urination Pain during urination Leakage of urine PSA enuresis Overactive bladder (daytime · nighttime) Cystitis (Inflammation of the bladder) Urinary tract stone Prostate Discomfort in the lower abdomen proteinuria Pus from the urethra Unusual genital area Menopausal disorder(hot flash) Other symptoms (_____)</p>	
<p>Other</p> <p>Placenta injection Vitamin injection Botox Consultation remove with a laser Smoking cessation Vaccination Male pattern hair loss (AGA) Erectile dysfunction(ED) Plastic surgery Sodium hyaluronate Other symptoms (_____)</p>	

② Have you ever notice any change in your physical condition after the following medical treatment or do you have any kind of allergies?

- No Yes . . . Food Injection Medicine Hey Fever Asthma Hives Atopic
 Others (_____)

③ Are you currently under treatment or taking any medicine?

- No Yes . . . Hypertension Asthma Hyperlipidemia Diabetes Others
 What is the name of the medicine? (_____)

④ Is there any type of medicine you cannot take?

- No Yes . . . Tablets Capsule Powder Syrup Chinese medicine

⑤ To female patients

Are you currently pregnant or are you breast feeding now?

- No Yes . . . Pregnant Breast feeding Have a possibility of pregnancy