

聖路加国際病院附属クリニック 聖路加メディローカス

St. Luke's MediLocus



WOMEN'S HEALTH MEDICAL HISTORY QUESTIONNAIRE

Name:	Patient ID:	Age:	Date of Birth:
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Address _____ Height _____ cm Weight _____ kg Occupation _____

Contact number _____ Daytime: _____ Home/Office/Others _____

Nighttime: _____ Home/Office/Others _____

Mobile Phone: _____

* Would you mind mentioning the name of the hospital when we make a call? ☐ Yes ☐ No

1. Reason for your visit today

- ☐ Possibility of Pregnancy (Pregnancy test: Date _____ / _____ / _____ Result: +/—)
☐ Abnormality of Menstruation (☐ No menstruation ☐ Absent menstruation ☐ Heavy bleeding ☐ Light bleeding ☐ Severe cramps ☐ Irregular)
☐ Abdominal or back pain unrelated to menstruation ☐ Any bleeding or spotting between menstrual cycles ☐ Uterine Myoma
☐ Ovarian cysts ☐ Endometriosis
☐ Examination requests (☐ Cervical cancer ☐ STD test) ☐ Reexamination of medical checkup (Type of Examination _____)
☐ Abnormal vaginal discharge (☐ Heavy ☐ Colored ☐ Smell) ☐ Genital abnormality (☐ Irritation ☐ Pain ☐ Lump)
☐ Wanting a child ☐ Sexual dysfunction ☐ Menopausal concerns ☐ Hot flush, sweating, stiffness
☐ Birth control consultation ☐ Others _____

2. Menstrual History

- Age of first period _____ years old Age of menopause _____ years old
 • Recent period started on _____ / _____ / _____ for _____ days
 • Previous period started on _____ / _____ / _____ for _____ days
 • Menstrual Cycle Regular: _____ days Shortest: _____ days Longest: _____ days
 * Menstrual cycle is counted from the first day of one period to the first day of the next period. The cycle length is normally between 24-36days.

3. Obstetric History

Have you ever had sexual intercourse? ☐ Yes ☐ No

Have you ever been pregnant? ☐ Yes ☐ No

	pregnancy	Year of	Normal	Premature birth	Miscarriage	Abortion	Ectopic pregnancy	Hydatidiform mole	Type of delivery	Post -Delivery Complications (specify the details)	About your children		
									Normal, Vacuum, Forceps, C-sections (specify the reason)		Birth Weight	Sex M/F	Is he/she healthy?
1st											g		Yes/No
2nd											g		Yes/No
3rd											g		Yes/No
4th											g		Yes/No
5th											g		Yes/No

4. Family History

- ☐ Married: Age _____ (Year _____ Month _____) ☐ Single ☐ Getting married soon ☐ Widowed: Age _____ ☐ Divorced: Age _____ ☐ Remarried: Age _____
 • Partner: Age _____ ☐ Healthy ☐ Illness _____ Nationality ☐ Japanese ☐ Non-Japanese (Country _____) Occupation _____
 • Father: Age _____ ☐ Healthy ☐ Illness _____ ☐ Deceased Age _____ Cause of death _____
 • Mother: Age _____ ☐ Healthy ☐ Illness _____ ☐ Deceased Age _____ Cause of death _____
 • () Age _____ ☐ Healthy ☐ Illness _____ ☐ Deceased Age _____ Cause of death _____
 • () Age _____ ☐ Healthy ☐ Illness _____ ☐ Deceased Age _____ Cause of death _____

5. Past Medical History

- Have you ever had any illnesses? ☐ Yes ☐ No If yes, specify ☐ High Blood Pressure ☐ Diabetics ☐ Asthma ☐ Others _____
 • Have you ever had any surgeries? ☐ Yes ☐ No If yes, specify Age: _____ Type of Surgery: _____
 • Are you currently under treatment? ☐ Yes ☐ No If yes, specify ☐ High Blood Pressure ☐ Diabetics ☐ Asthma ☐ Others _____
 List all medications: _____
 • Do you have allergies to any medications or food? ☐ Yes ☐ No If yes, specify all medications and food _____

6. Social History

- Do you smoke cigarettes now? ☐ Never ☐ Former ☐ Current How many? _____ cigarettes/day How long? _____ years
 • Do you drink alcohol? ☐ Yes ☐ No What kind/How many? _____ / _____ ml/day
 • Do you have any religions or cultural practices that are important to you during this hospitalization? ☐ Yes ☐ No
 If yes, please describe _____

7. At St. Luke's International Hospital, patients are treated with blood transfusion when deemed medically necessary.

Do you agree to undergo blood transfusion? ☐ Yes ☐ No

8. Where have you heard about St. Luke's MediLocus?

- ☐ Posters/pamphlets ☐ HP ☐ St. Luke's International Hospital ☐ Another medical institution
☐ Place of employment introduced ☐ Family/friends introduced ☐ Others ()

*We may use and disclose your health information on a de-identified basis for research purposes. We appreciate your support and understanding.