

## REGISTRATION FORM (登録用紙)

**For Seibo Aiku Sanno Hospital**

Patient's name: \_\_\_\_\_

Birth date: \_\_\_\_\_ Profession: \_\_\_\_\_

Address: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

Cell-phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Nationality: \_\_\_\_\_ Religion (optional): \_\_\_\_\_

Husband's name: \_\_\_\_\_

Husband's profession: \_\_\_\_\_

Room Preference:            Private            Semi-Private

Subject to change depending on the condition.

\*\*\*\*\* Staff only \*\*\*\*\*

Expected date of Confinement: \_\_\_\_\_ mm \_\_\_\_\_ dd \_\_\_\_\_ yyyy    Para: \_\_\_\_\_

Hb		Rubella-Ab	
RBC		Irregular Ab	
WBC		Chlamydia IgA	
PLT		Chlamydia IgG	
HIV-1 / 2-Ab		Prothrombin time	
VDRL		APTT	
HBs-Ag		Blood Group	
HCV-Ab		ABO type	
HTLV-1-Ab		RH type	
Toxoplasma-Ab		50g GTT	
Allergies		See attached papers	
Others			

## PRELIMINARY OBSTETRICAL QUESTIONNAIRE

### (産婦人科予診表)

Patient's name (氏名) \_\_\_\_\_ / \_\_\_\_\_ family / first name  
Age (年齢) \_\_\_\_\_ Prepregnancy weight (妊娠前の体重) \_\_\_\_\_ kg height (身長) \_\_\_\_\_ cm

#### [ ] About your menstrual Period (月経について)

1. The first day of your most recent period (一番最近の月経) \_\_\_\_\_ yj \_\_\_\_\_ mm \_\_\_\_\_ dd
2. Lasting for (月経期間) \_\_\_\_\_ days (日間)
3. Was it the same as usual? (いつもと同様でしたか?) Yes No
4. Age at the first menstrual period (初潮の年齢) \_\_\_\_\_ years old
5. Is your menstruation regular? (月経周期は定期的ですか?) Yes No
6. If regular, how many days cycle? (定期的な方、何日周期ですか?) \_\_\_\_\_ day cycle (日周期)
7. If it comes early, every (月経が早まる時は) \_\_\_\_\_ day cycle (日周期)
8. If it comes late, every (月経が遅れる時は) \_\_\_\_\_ day cycle (日周期)
9. How many days duration is it usually? (ふつう何日間くらい続きますか?) \_\_\_\_\_ days (日間)
10. Amount of menstruation (月経量)  
Large amount (多い) Regular (ふつう) Little (少ない)
11. Menstrual cramps (月経痛) No  
Yes Strong (ひどい) Medium (中位) Weak (軽い)

#### [ ] Pregnancy History (妊娠歴)

Have you ever been pregnant? (妊娠したことがありますか?)

No Please disregard the questions below, go to [ ] (下記の質問に答える必要はありませんので、[ ] へ進んでください)

Yes Please answer the questions below (下記の質問に答えてください)

1. Did / Do you have any problems with your previous / present pregnancies?  
(過去または現在の妊娠経過時に異常はありました/ますか?)

No Please disregard the questions below, go to [ -2]

(下記の質問に答える必要はありませんので、[ -2] へ進んでください)

Yes Please fill in the chart below

During the pregnancy of the child (第何子の時)	Name of Illness or Number of below (病名、もしくは下記の番号)

Toxemia (妊娠中毒症) Hypertension (高血圧) Proteinuria (蛋白尿) Glycosuria (糖尿)  
 Edema (浮腫) Anemia (貧血) Threatened Premature Birth (切迫早産) Early Separation of the Placenta (胎盤早期剥離) Positive HBs antigen (HBs 抗原陽性) Rh negative (Rh マイナス) Threatened Abortion (切迫流産) Placenta Praevia (前置胎盤)  
 Atonic Bleeding (弛緩出血) Cervical Incompetence (頸管無力症) Others (その他)

2. Please fill in the chart below in chronological order (下の表に妊娠した時系列でお答えください)

			Normal Delivery	C-Section	Forceps	Suction	Abortion	Miscarriage	Ectopic	Hyatid Mole			Postpartum (a / b)	
			↓	↓	↓	↓	↓	↓	↓	↓			a. Normal	↓
													b. Abnormal	↓
順番	Year & Month 年と月	Hospital 病院	正 常 分 娩	帝 王 切 開	鉗 子 分 娩	吸 引 分 娩	人 工 流 産	自 然 流 産	子 宮 外 妊	胞 状 奇 胎	男 M	女 F	出生時 体重(g) Weight at Birth	産後 PP 正常 異常
1	/													
2	/													
3	/													
4	/													
5	/													

[ ] Past Medical History (既往歴)

Have you ever get an Illness or undergone an operation?

(これまでに何か病気に罹ったり、手術を受けたりしたことがありますか?)

No Please disregard the questions below, go to [ ]

(下記の質問に答える必要はありませんので、[ ]へ進んでください)

Yes Please answer the questions below (下記の質問に答えてください)

1. Previous Illnesses:

At age of that time (何歳の時)	Year and month (年と月)	Name of Illness
	/	
	/	
	/	

e.g. Abdomen Disease (胃腸病), Liver Disease (肝臓疾患), Kidney Disease (腎臓疾患),  
 Heart Disease (心臓疾患), Lung Disease (肺疾患), Rheumatism (リウマチ), Others (その他)

2. Previous Operations:

At age of that time (何歳の時)	Year and month (年と月)	Name of Operation
	/	
	/	
	/	

e.g. Appendectomy (虫垂炎), Myoma of the Uterus (子宮筋腫), Ovarian Cyst (卵巣嚢腫),  
 Ectopic Pregnancy (子宮外妊娠), Others (その他)

[ ] Allergies (アレルギー)

Are you allergic to any food or medication? (薬や食物、その他についてアレルギーはありますか?)

No

Yes Please fill in the table below (下記の質問に答えてください)

Allergic to (何に対するアレルギーか)	Type of allergic reaction (出現するアレルギーの症状)