

Patients Visiting the Urology Outpatient Clinic

<Questionnaire>

Name: Patient ID: Age:

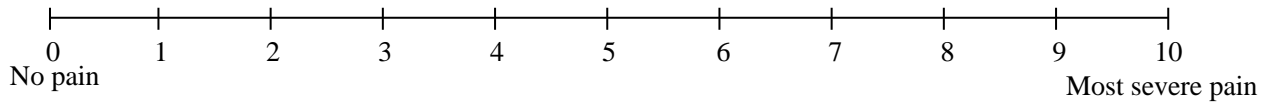
Telephone number (A number the hospital can call when necessary):

1. Please explain your symptoms in detail (when, where, how).

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Are you in pain? (YES NO)

For those who have answered yes, please specify.



2. Please fill out the age when you had the following diseases, and how it was treated.

Disease	Treatment
Asthma (Age:)	Admission ▪ Surgery ▪ Other
Diabetes (Age:)	Admission ▪ Surgery ▪ Other
High blood pressure (Age:)	Admission ▪ Surgery ▪ Other
Glaucoma (Age:)	Admission ▪ Surgery ▪ Other
Cardiac disease (Age:)	Admission ▪ Surgery ▪ Other
Liver disease (Age:)	Admission ▪ Surgery ▪ Other
Kidney disease (Age:)	Admission ▪ Surgery ▪ Other
Cerebrovascular disease (Age:)	Admission ▪ Surgery ▪ Other
Psychiatric disease (Age:)	Admission ▪ Surgery ▪ Other
Cancer (Age:)	Admission ▪ Surgery ▪ Other
Hemorrhoid (Age:)	Admission ▪ Surgery ▪ Other

3. Please circle the diseases below which any of your blood relatives have had.

Asthma ▪ Liver disease ▪ Kidney disease ▪ Cardiac disease ▪ High blood pressure ▪ Cerebrovascular disease ▪
 Psychiatric disease ▪ Cancer

4. List any allergies you have.

- Medication ()
- Food ()
- Other ()

5. List any regular medications you take.

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6. If you have had blood transfusion before, please fill out the age when you had it. (Age:)

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. Personal preferences

- Cigarette: Non-smoker ▪ Smoker (__cigs/day x __yrs.) ▪ Quit (smoked until __yrs. __months ago, __cigs/day x __yrs.)
- Alcohol: Sake ▪ Shochu (__glasses/day) Beer (__ml/day) Liquor (__glasses/day)