**問診票　　お手数ですがご記入下さい**

**はじめの問診票と重複している項目は省いていただいて結構です。**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | **生年月日** |  | **年齢** |  | **血液型** |  | **喫煙（＋　－）** | |
| **本人名前** |  |  |  |  |  |  |  |  |  | **本／日** |
| **夫　名前** |  |  |  |  |  |  |  |  |  | **本／日** |

|  |  |  |  |
| --- | --- | --- | --- |
| **郵便番号** |  | **住所** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **電話番号（自宅）** |  |  | **身長** |  | **ｃｍ** |
| **携帯番号（本人）** |  |  | **体重** |  | **ｋｇ** |
| **携帯番号（夫）** |  |  | **♯BMI** |  |  |

**（こちらで計算します）**

**♯これまで避妊していない（妊娠していない）期間は何ヶ月ですか？**

|  |  |
| --- | --- |
|  | **ヶ月** |

**♯これまでに施行した検査があれば項目を分かる範囲でご記入下さい。**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **日付** | **項目　　検査結果** | | | **日付** | **項目　　検査結果** | |
|  | **癌検診** |  |  |  | **精液検査** |  |
|  | **クラミジア** |  |  |  | **女性ホルモン** |  |
|  | **淋菌** |  |  |  | **甲状腺** |  |
|  | **梅毒** |  |  |  | **プロラクチン** |  |
|  | **B型肝炎** |  |  |  |  |  |
|  | **C型肝炎** |  |  | **その他** |  |  |
|  | **エイズ** |  |  | **ご要望があればご記入下さい** | | |
|  |  |  |  |  | | |
|  | **卵管造影** |  |  |  | | |
|  | **子宮鏡** |  |  |  | | |
|  | **腹控鏡** |  |  |  | | |

|  |  |
| --- | --- |
| **Para** |  |

**これまでの妊娠があればご記入下さい**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **分娩年月日** | **週数** | **分娩様式** | **性別** | **体重（ｇ）** | **その他** |
|  |  | **経膣　帝切　　流産** |  |  |  |
|  |  | **経膣　帝切　　流産** |  |  |  |
|  |  | **経膣　帝切　　流産** |  |  |  |