

3. Do you have any diseases under medical treatment at this moment? **NO**
YES High blood pressure • Diabetes • Hyperlipemia • Others
 ()
4. Are you taking any medication at this moment? **NO**
YES Please write the names of your medicines.
 ()
5. Have you ever been affected by any major diseases or given surgery? **NO**
YES example of description : "○○ operation at the age of ○○."
 ()
6. Have you ever had allergies from medicines or foods? **NO**
YES ()
7. Please answer the questions below to the extent you can answer.
 (ア) Height _____ cm Weight _____ kg (In the last 5 years, Increased • Reduced • Unchanged)
 (イ) Bedtime _____ pm、 Wake-up time _____ am
 (ウ) Water ingestion : approx. _____ ml/day (Mainly: tea water coffee others)
 (エ) Frequency of urination: Waking hours _____ times Sleeping hours _____ times
 (オ) Frequency of stool: _____ times / _____ day(s) (H • M • S)
 (カ) Smoking _____ cigarettes/day • Not smoke.
 (キ) Alcohol I drink _____ glasses of _____ per day • Not drink
 (ク) Pads or Diapers: Using always • Whenever going out • Not using
8. How did you come to know this clinic?
 Through Sasaki Clinic's ENT Div. • Internet • Ad (Flyers) • Signs
 Recommendation from friends/fam •
 Introduction from other clinic/hospital ()
 Others ()

Thank you for your cooperation!