

## Medical Interview Sheet

Name	Date of Birth: y/m/d
Address	

Thank you for visiting Shibuya 3<sup>rd</sup> Block Clinic.  
Please answer the following questionnaires.

Which treatment course do you request?

ED (erectile dysfunction) treatment / AGA (androgenic alopecia) treatment

1. Are you presently taking medication? (Yes / No)
2. Have you ever been allergic to medication or food? (Yes / No)
3. What illnesses have you had in the past? ( )  
Has that disease been cured? (Yes / No)
4. Have you ever had any surgeries? (Yes / No)
5. Have you ever had a heart attack? (Yes / No)
6. Have you ever been diagnosed as Angina pectoris or myocardial infarction? (Yes / No)
7. Have you ever taken Nitrate agents for treating heart diseases? (Yes / No)
8. Have you ever had a problem with your liver or kidney? (Yes / No)
9. Have you ever been pointed out high blood pressure or diagnosed as hypertension? (Yes / No)
10. Have you ever had a stroke, e.g. cerebral infarction or intracranial hemorrhage? (Yes / No)
11. Have you ever had a problem with your retinas (eyes)? (Yes / No)
12. Have you ever been pointed out arrhythmias? (Yes / No)
13. Do you have experience using any of the drugs below?

Viagra	Cialis	Levitra	Propecia
(Yes / No)	(Yes / No)	(Yes / No)	(Yes / No)

If you have, how have you obtained the drug?

- Prescribed by a health care provider
- Purchased by internet shopping
- Received by someone who you know
- Other ways than above

Thank you for filling the questionnaires. Please hand this sheet to the reception staff.  
We will call you in a moment.