AGA Medical Questionnaire【first visit】

ID

		Address	住所のご記入は「区・市・郡・町」まで
Name			都　道　　市　郡 県　府　　区　町
Date of birth	/　/　(　years old)	Phone	–　–

Please check the appropriate boxes.

PC	⇒	☐ Yahoo!	☐ Google	☐ SNS	☐ word of mouth
Smartphone	⇒	☐ Yahoo!	☐ Google	☐ SNS	☐ word of mouth
etc.	⇒	☐ Introduction	☐ Advertisement	☐ Flyer	☐ Tissue

Please check the appropriate boxes.

When did the symptoms start ?　Since approximately:＿＿＿＿year		
Where are your symptoms located ? ☐ hairline　☐ parietal　☐ both　☐ etc（　）		
Are you allergic to medications ?	☐ No	☐ Yes
Liver disease ?	☐ No	☐ Yes
Are you currently taking any medications ? Please show us the medications if you have them with you.	☐ No	☐ Yes
Have you ever take AGA therapy? ☐ Propecia　☐ Finasteride　☐ Zagallo	☐ No	☐ Yes

平成　　年　　月　　日　医師名　　受　付

ザガーロ	プロペシア	フィナステリド
ヶ月分	ヶ月分	ヶ月分