# Medical questionnaire for inguinal hernia

| First name | | Last name | | |
|---|---|---|---|---|
| Gender | ☐ Man ☐ Woman | Age | | |
| Birthday | month/day/year | Nationality | | |

Side ☐ Right ☐ Left ☐ Both sides Pain ☐ Yes ☐ No

Duration Diagnosed? ☐ Yes ☐ No

Any other comments

Past medical history

Tuberculosis ☐ Yes ☐ No when

Any surgery ☐ Yes ☐ No

| | | | |
|---|---|---|---|
| 1.when | | what | |
| 2.when | | what | |
| 3.when | | what | |
| 4.when | | what | |

Hypertension ☐ Yes ☐ No

Diabetes ☐ Yes ☐ No

Any other diseases?

Any medication? (especially drugs preventing hemostasis)

☐ Aspirin ☐ Warfarin ☐ Panaldin ☐ Plavix

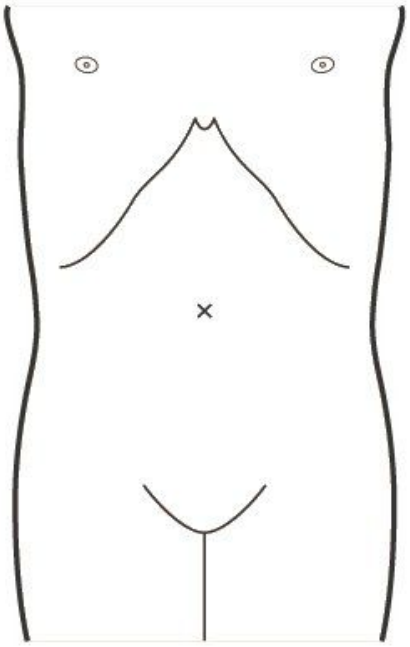
any other drugs?

Allergy

Latex ☐ Yes ☐ No

Bandaid ☐ Yes ☐ No

Tropical fruits ☐ Yes ☐ No



Please mark your bulge in the figure

Seirei Yokohama hospital