Citizens' Health Check (Basic Health Check) Consultation Form

Control number　　　ID

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※ Age at end of coming March

TEL ※ We may contact you in an emergency, etc., so please provide a telephone number at which you can be easily contacted.

ID

Check items　　Registration number

Date of birth		Age		Sex		Check type		Individual number		Group	
Date of check		Site		Insurance number		Code		Number		Coupon number	

* Please complete the questionnaire in advance in pencil, and bring it with you on the day of the health check. Please be sure to submit it after taking the examinations.
* This form will be processed by machine, so please do not bend it or make it dirty.
* Please be sure to bring your Health Insurance Card and your health check coupon.

Questions

For the following questions, please draw a line ❙ in the applicable answers.

※ 1 Are you currently using any of the medicines in a to c below?
- a Medicine to lower blood pressure　❘ Yes　❘ No
- b Medicine to lower blood sugar/insulin injections　❘ Yes　❘ No
- c Medicine to lower cholesterol and triglycerides　❘ Yes　❘ No

2 Have you ever been told by a doctor that you had a stroke (cerebral hemorrhage, cerebral infarction, etc.) or received treatment?
❘ Yes　❘ No

3 Have you ever been told by a doctor that you have a heart disease (angina pectoris, myocardial infarction, etc.), or received treatment?
❘ Yes　❘ No

4 Have you been told by a doctor that you have chronic kidney disease or renal failure, or are you undergoing treatment (such as dialysis)?
❘ Yes　❘ No

5 Have you ever been told by a doctor that you have anemia (except during pregnancy)?
❘ Yes (　　　) years ago　❘ No

※ 6 Are you currently an habitual smoker?
(* 'Currently an habitual smoker' refers to a person who has smoked 100 or more cigarettes in total, or who has smoked for six months or more, and who has been smoking within the previous month.)
❘ Yes　❘ No

7 Have you gained more than 10 kg since you were 20 years old?
❘ Yes　❘ No

8 Have you been exercising (in a light sweat) for at least 30 minutes at a time for at least two days a week, continuing for at least one year?
❘ Yes　❘ No

9 Do you walk or perform equivalent physical exercise for at least one hour a day in your daily life?
❘ Yes　❘ No

10 Do you walk faster than people of the same age and sex?
❘ Yes　❘ No

11 Which of the following applies to you when you chew and eat food?
❘ I can bite, chew and eat anything.　❘ There are areas of concern such as my teeth and gums, and my teeth not meeting, and it may be difficult to chew.　❘ I can hardly chew.

12 Do you eat dinner within 2 hours before going to bed 3 or more times a week?
❘ Yes　❘ No

13 Do you consume snacks or sweet drinks in addition to the three meals of breakfast, lunch and dinner?
❘ Every　❘ Sometimes　❘ Almost never

14 Do you skip breakfast three or more times a week?
❘ Yes　❘ No

15 Are you getting enough rest from sleep?
❘ Yes　❘ No

16 Compared to other people, how is the speed at which you eat?
❘ Fast　❘ Normal　❘ Slow

※ 17 How often do you drink alcohol (sake, shochu, beer, Western liquor, etc.)?
❘ Every day　❘ Sometimes　❘ Almost never (I can't drink)

18 If you drink alcohol, how much do you drink each day when you drink?
1 'go' of sake (180ml) is equivalent to 1 medium bottle of beer (approx. 500ml), 25% shochu (110ml), 1 double glass of whiskey (60ml), 2 glasses of wine (240ml)
❘ Less than 1 'go'　❘ Between 1 and 2 'go'　❘ Between 2 and 3 'go'　❘ 3 or more 'go'

19 Do you want to improve your lifestyle, such as exercise and diet?
❘ No intention　❘ Yes (within around 6 months)
❘ Yes (within around 1 month), I'm starting gradually　❘ Already making efforts (less than 6 months)　❘ Already making efforts (more than 6 months)

20 If you had the opportunity to receive health guidance on improving your lifestyle, would you take it?
❘ Yes　❘ No

Medical history ①

If you have any medical history, please draw a line ❙ in the applicable answers.

❘ Nothing in particular

	Being treated	Cured	Left	Surgery	Age
High blood pressure	❘	❘	❘	❘	8 8
Diabetes	❘	❘	❘	❘	8 8
Dyslipidemia	❘	❘	❘	❘	8 8
Brain disease	❘	❘	❘	❘	8 8
Heart disease	❘	❘	❘	❘	8 8
Kidney disease	❘	❘	❘	❘	8 8
Anemia	❘	❘	❘	❘	8 8
Gout/Hyperuricemia	❘	❘	❘	❘	8 8
Hepatitis B	❘	❘	❘	❘	8 8
Hepatitis C	❘	❘	❘	❘	8 8
Liver dysfunction	❘	❘	❘	❘	8 8
Prostate disease	❘	❘	❘	❘	8 8
Thyroid disease	❘	❘	❘	❘	8 8
Other ① [　　]	❘	❘	❘	❘	8 8
Other ② [　　]	❘	❘	❘	❘	8 8
Other ③ [　　]	❘	❘	❘	❘	8 8

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Symptoms noticed

If you have symptoms you have noticed yourself during the last month, please draw a line ❙ in anything that applies.

❘ 0.Nothing in particular

- ❘ 1.Swelling of face or limb
- ❘ 2.Dry mouth
- ❘ 3.Blood in urine
- ❘ 4.Difficulty urinating
- ❘ 5.Frequent urination
- ❘ 6.Feeling of tiredness
- ❘ 7.Sudden weight loss
- ❘ 8.Other [　　]
- ❘ 9.Numbness in limbs
- ❘ 10.Unclear speaking
- ❘ 11.Headaches
- ❘ 12.Dizziness, lightheadedne
- ❘ 13.Chest tightness or pain
- ❘ 14.Palpitations or shortness
- ❘ 15.Irregular pulse

Continues on 'Medical history ②' (eye diseases) on the reverse.

Test 10 (32)

ID | | | | | | | | | |

Control number

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Examination items ① (to be filled in by staff)

Urinalysis (M) Y Renal dysfunction Y

Protein	-	+-	+	2+	3+	4+	5+
Sugar	-	+-	+	2+	3+	4+	5+
Occult blood	-	+-	+	2+	3+	4+	5+

Weight . kg

Height . cm

Waist . cm

Blood pressure 1st / ・Blood pressure medication taken today (Y ・ N)

2nd /

Blood . hours after eating ・Time of eating :

Blood sugar Fasting blood sugar HbA1c Estimated salt intake

Hepatitis Pepsinogen

PSA Rubella

Blood collection signature

・Anticoagulant internal medicine (Y ・ N)

・History of aggregation/coagulation (Y ・ N)

Bone density (ultrasound) . ・Request for winged needle (Y ・ N)

Staff Comments

Examination items ② (to be filled in by staff)

		Needs guidance (being treated)	Needs treatment
Medical examination	1. Arrhythmia		
	2. Heart murmur		
	3. Abnormal breath sounds		
	4. Anemia		
	5. Edema		
	6. Sensory disorder		
	7. Enlarged thyroid		

Doctor No. Nothing in particular

Anemia check Doctor's instruction

- Have medical history (only for those who have been cured within the last 5 years, or who have neglected the condition)
- Possible, from a visual inspection
- Both medical history and visual inspection

Creatinine Doctor's instruction

Electro-cardiogram Doctor's instruction

HR

Fundus Doctor's instruction

R No

L No

Medical history ②

If you have any medical history, please draw a line ▮ in the applicable answers.

Nothing in particular

	Being treated	Cured	Left	Surgery	Age
Cataract(s) (L R Both)					
Glaucoma (L R Both)					
Other ① (L R Both) Illness name ( )					
Other ② (L R Both) Illness name ( )					

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