Citizens' Health Check (Specific Health Check) Consultation Form

Control number

ID

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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

※ Age at end of coming March

Date of birth

Date of Check

* 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 day / 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

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					
Diabetes					
Dyslipidemia					
Brain disease					
Heart disease					
Kidney disease					
Anemia					
Gout/Hyperuricemia					
Hepatitis B					
Hepatitis C					
Liver dysfunction					
Prostate disease					
Thyroid disease					
Other ① [ ]					
Other ② [ ]					
Other ③ [ ]					

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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 limbs
- 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, lightheadedness
- 13.Chest tightness or pain
- 14.Palpitations or shortness of breath
- 15.Irregular pulse

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

Test 1 (54)

Control number　　ID

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 888.8 kg　70

Height 888.8 cm　175

Waist 888.8 cm　80

Blood pressure 1st 888 / 888　・Blood pressure medication taken today (Y ・ N)

2nd 888 / 888

Blood 88.8 hours after eating　・Time of eating :

Blood collection signature

Blood sugar [ ] Fasting blood sugar　[ ] HbA1c　[ ] Estimated salt intake

Hepatitis [ ] ※　[ ] Pepsinogen

PSA [ ]　[ ] Rubella

・Anticoagulant internal medicine (Y ・ N)

・History of aggregation/coagulation (Y ・ N)

Bone density (ultrasound) 888.88　・Request for winged needle (Y ・ N)

Staff comments

Examination items ② (to be filled in by staff)

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

Doctor No. 888　[ ] **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 888 [ ]

Fundus [ ] Doctor's instruction

R No

L No

Medical history ② (Eye problems)

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)	[ ]	[ ]	[ ]	[ ]	88
Glaucoma (L R Both)	[ ]	[ ]	[ ]	[ ]	88
Other ① (L R Both) Illness name ( )	[ ]	[ ]	[ ]	[ ]	88
Other ② (L R Both) Illness name ( )	[ ]	[ ]	[ ]	[ ]	88

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