Citizens' Health Check (Latter-Stage Elderly Health Check) Consultation Form

Control number

ID

〒

※ 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

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 How is your current health condition?

Good / Not so bad / Normal / Not very good / Bad

② Are you satisfied with your life every day?

Satisfied / A little satisfied / A little dissatisfied / Dissatisfied

③ Are you eating properly three meals a day? Yes / No

④ Has it become more difficult to eat hard foods (*) compared to half a year ago? * Dried squid, takuan pickles etc. Yes / No

⑤ Do you ever choke on tea or soup? Yes / No

⑥ Have you lost more than 2–3 kg in weight in 6 months? Yes / No

⑦ Do you feel that you are walking more slowly than before? Yes / No

⑧ Have you ever fallen in the past year? Yes / No

⑨ Do you do exercise such as walking at least once a week? Yes / No

⑩ Have you been told by others that you are forgetful, for example that you always ask the same thing? Yes / No

⑪ Do you sometimes not know what day and month it is? Yes / No

※ ⑫ Do you smoke? Yes / No / I quit

⑬ Do you go out more than once a week? Yes / No

⑭ Do you often socialize with family and friends? Yes / No

⑮ Do you have someone close to you who you can talk to when you don't feel well? Yes / No

⑯ Are you getting enough rest from sleep? Yes / No

⑰ Do you laugh almost every day? Yes / No

※ ⑱ How often do you drink alcohol (sake, shochu, beer, Western liquor, etc.)?

Every day / Sometimes / Almost never (I can't drink)

⑲ 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'

⑳ 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

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 [ ]					

000000

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.

Examination items ① (to be filled in by staff)

Urinalysis (M) ☐ Y　　Renal dysfunction ☐ Y

後

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 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) ☐☐☐.☐☐　・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

Electro-cardiogram ☐ Doctor's

HR ☐☐☐　☐

Fundus ☐ Doctor's

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 ）	☐	☐	☐	☐	☐☐
Glaucoma （ L R Both ）	☐	☐	☐	☐	☐☐
Other ①（ L R Both ） Illness name （ ）	☐	☐	☐	☐	☐☐
Other ②（ L R Both ） Illness name （ ）	☐	☐	☐	☐	☐☐

Yamana-kai Medical Corporation
Higashihiroshima Memorial Hospital (Hiroshima Lifestyle-Related Diseases and Cancer Health Checkup Center Higashihiroshima)
〒739-0002　2214 Yoshiyuki, Saijo-cho, Higashihiroshima City, Hiroshima Prefecture
Tel　082-423-6662