Citizens' Health Check (Basic Health Check) Consultation Form 住民健診(基本健診)受診票 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

※ Age at end of coming March

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 / 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 unit 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 unit / 1 to less than 2 units / 2 to less than 3 units / 3 units or more

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 | | | | | 88 |
| Diabetes | | | | | 88 |
| Dyslipidemia | | | | | 88 |
| Brain disease | | | | | 88 |
| Heart disease | | | | | 88 |
| Kidney disease | | | | | 88 |
| Anemia | | | | | 88 |
| Gout/Hyperuricemia | | | | | 88 |
| Hepatitis B | | | | | 88 |
| Hepatitis C | | | | | 88 |
| Liver dysfunction | | | | | 88 |
| Prostate disease | | | | | 88 |
| Thyroid disease | | | | | 88 |
| Other ① [ ] | | | | | 88 |
| Other ② [ ] | | | | | 88 |
| Other ③ [ ] | | | | | 88 |

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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 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+

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Weight 888.8 kg

Height 888.8 cm

Waist 888.8 cm

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

Hepatitis　Pepsinogen

PSA　Rubella

Estimated salt intake

・Anticoagulant internal medicine ( Y ・ N )

Stiffness Younger-age comparison (%) ・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)

| | | 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. 888　Nothing in particular

Anemia check　Doctor's instruction

- Have medical history
- 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 |

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