



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.

Medical history

If you have any medical history, 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 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

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	<input type="checkbox"/> 88					
Diabetes	<input type="checkbox"/> 88					
Dyslipidemia	<input type="checkbox"/> 88					
Brain disease	<input type="checkbox"/> 88					
Heart disease	<input type="checkbox"/> 88					
Kidney disease	<input type="checkbox"/> 88					
Anemia	<input type="checkbox"/> 88					
Gout/Hyperuricemia	<input type="checkbox"/> 88					
Hepatitis B	<input type="checkbox"/> 88					
Hepatitis C	<input type="checkbox"/> 88					
Liver dysfunction	<input type="checkbox"/> 88					
Prostate disease	<input type="checkbox"/> 88					
Thyroid disease	<input type="checkbox"/> 88					
Other ①	<input type="checkbox"/> 88					
Other ②	<input type="checkbox"/> 88					
Other ③	<input type="checkbox"/> 88					

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

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

Protein - +- + 2+ 3+ 4+ 5+

Sugar - +- + 2+ 3+ 4+ 5+

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

Weight 8 8 8 . 8 kg

Height 8 8 8 . 8 cm

Waist 8 8 8 . 8 cm

Blood pressure 1st 8 8 8 / 8 8 8 • Blood pressure medication taken today (Y + N)

2nd 8 8 8 / 8 8 8

Blood 8 8 . 8 hours after eating • Time of eating :

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) 8 8 8 . 8 8

• 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. 8 8 8

Nothing in particular

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) 8 8

Glaucoma (L R Both) 8 8

Other ① (L R Both) 8 8

Illness name ()

Other ② (L R Both) 8 8

Illness name ()

Anemia check

Doctor's instruction

Have medical history
 Possible, from a visual inspection
 Both medical history and visual inspection

Creatinine

Doctor's

Electro-cardiogram

Doctor's

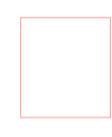
HR 8 8 8

Fundus

Doctor's

R No

L No



Blood collection
signature