Control number　　ID

Citizens' Health Check (Latter-Stage Elderly Health Check) Consultation Form　住民健診(後期健診)受診票

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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　　Registration number

※ Age at end of coming March

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 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	☐	☐	☐	☐	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 limbs　☐ 9.Numbness in limbs
☐ 2.Dry mouth　☐ 10.Unclear speaking
☐ 3.Blood in urine　☐ 11.Headaches
☐ 4.Difficulty urinating　☐ 12.Dizziness, lightheadedness
☐ 5.Frequent urination　☐ 13.Chest tightness or pain
☐ 6.Feeling of tiredness　☐ 14.Palpitations or shortness of breath
☐ 7.Sudden weight loss　☐ 15.Irregular pulse
☐ 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

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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　:

☐ Hepatitis　　☐ Pepsinogen

☐ PSA　　☐ Rubella

☐ Estimated salt intake

・Anticoagulant internal medicine （ Y ・ N ）

・History of aggregation/coagulation （ Y ・ N ）

・Request for winged needle （ Y ・ N ）

Blood collection signature

Bone density (ultrasound)　Stiffness ☐☐☐.☐☐　Younger-age comparison (%)

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
- ☐ 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 ( )					

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