Citizens' Health Check (Specific Health Check) Consultation Form 住民健診(特定健診)受診票

Control number

ID

〒

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		Age		Sex		Individual number		Group	
Date of Check		type Check		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 Do you currently smoke regularly?
* 'Currently smoking regularly' refers to those to whom both conditions 1 and 2 apply:
Condition ①: You have smoked in the past month;
Condition ②: You have smoked more than 100 cigarettes in total, or you have smoked for more than six months.

| Yes (Both conditions ① and ② apply) | I did smoke, but I haven't smoked in the past month (only condition ② applies) | No (neither condition ① nor ② apply) |

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 | 5-6 days a week | 3-4 days a week | 1-2 days a week
| 1-3 days a month | Less than once a month | I quit | I don't drink (I can't drink)

18 On a day when you drink alcohol, how much do you drink?
* 1 unit is approximately 180ml of sake (15% alcohol), 500ml of beer (5% alcohol), 110ml of shochu (25% alcohol), 180ml of wine (14% alcohol), 60ml of whisky (43%), 500ml of can chuhai (5% alcohol), or 350ml of can chuhai (7% alcohol)
| Less than 1 unit | 1 to less than 2 units | 2 to less than 3 units | 3 to less than 5 units | 5 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 Regarding improvements to your lifestyle habits, have you ever received specific health guidance before?
| 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

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	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
7.Sudden weight loss	15.Irregular pulse
8.Other [ ]	

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

特

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

Hepatitis Pepsinogen

PSA Rubella

Estimated salt intake

・Anticoagulant internal medicine (Y ・ N)

・History of aggregation/coagulation (Y ・ N)

・Request for winged needle (Y ・ N)

Bone density (ultrasound) Stiffness 888 Younger-age comparison (%) 88.

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 I 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