

# Genki Sukoyaka Health Check Form (Lung/Stomach/Intestines)

元気すこやか健診受診票 (肺・胃・大腸がん検診)

Date of health check	Address Higashihiroshima City			Tel. — —		
Medical facility	Name			M F	Age at end of coming March	Date of birth
Physician	To be filled in by the medical facility	Voucher checked?	Enrolled in Higashihiroshima National Health Insurance?	Certificate of eligibility for free health checks?		
		Yes / No	Yes / No	Yes / No		

※ Please fill in the section within the bold lines.

To be filled in by the patient (Please fill in the sections for the checks you wish to have)	<p>1. If there is any illness you are currently being treated for, please give details. ( )</p> <p>2. Please circle any illnesses you have suffered from before.</p> <p>① Pneumonia ② Chronic bronchitis ③ Asthma ④ Pleurisy ⑤ Tuberculosis ⑥ Chest surgery (age )          ⑦ Cardiac disease ⑧ Stomach/intestinal disease ( ) ⑨ Stomach/intestinal surgery (age ) ⑩ Ileus (intestinal blockage)          ⑪ Prostatic enlargement ⑫ Glaucoma ⑬ Allergic reaction to medicine (name of medicine: )</p> <p>3. Have any of your blood relations suffered from cancer, and if so, where (in which part of the body)?</p> <p>① Grandparent (where: ) ② Parent (where: ) ③ Sibling (where: )</p>					
	<b>Lung cancer check</b>		<b>Stomach cancer check</b>		<b>Intestinal cancer check</b>	
	Have you ever had a lung cancer check before? Yes( YYYY MM ) • No		Have you ever had a stomach cancer check before? Yes(Barium•Internal camera YYYY MM ) • No		Have you ever had an intestinal cancer check before? Yes( YYYY MM ) • No	
	1) Do you smoke? ① I smoke currently. (Started at age ) (Cigarettes smoked per day) x (Years since you started smoking) (Smoking index) ② I gave up. (Smoked from__ to__, about__cigarettes per day) ③ I have never smoked. 2) Have you ever had pneumoconiosis or worked with asbestos? (Y·N) 3) Are you pregnant, or is there a chance you may be pregnant? (Yes·No) 4) Please circle any of the following that describe your recent health state. ① I have a persistent cough. ② I often have phlegm. ③ I have had chest pains over a long period of time. ④ There is blood in my phlegm (within the last 6 months) ⑤ I sometimes feel short of breath ⑥ Other( )		1) Are you pregnant, or is there a chance you may be pregnant? (Yes·No) 2) Please circle any of the following that describe your recent health state. ① I have lost weight. ② I have no appetite. ③ My stomach feels heavy. ④ My stomach hurts ( After eating • When empty • Other ) ⑤ I have heartburn or I belch (burp). ⑥ I sometimes feel nauseous or I vomit. ⑦ I often get constipation. ⑧ I often get diarrhea. ⑨ I have symptoms of allergy to barium. ⑩ Other( )		1) Bowel movements: ( ) time(s) per day 2) Please circle any of the following that describe your recent health state. ① I have lost weight. ② I have no appetite. ③ I defecate frequently. ④ My stools are thin. ⑤ There is blood in my stools. ⑥ My stools are blackish. ⑦ I alternate between diarrhea and constipation. ⑧ I have a lump in my lower abdomen. ⑨ I have hemorrhoids. ⑩ Other( )	

To be filled in by the physician (Please circle those that apply)	<b>Lung cancer check observations</b>		<b>Stomach cancer check observations</b>		<b>Intestinal cancer check observations</b>	
	Check using chest X-ray		Check ① Check using barium ② Check using endoscopy <small>(When the check in ① is not possible because of a previous illness, etc.)</small>		First time — + <small>Fixed quantity ( ) ng/ml</small> Second time — + <small>Fixed quantity ( ) ng/ml</small>	
	Observations	Illustration and explanation of left diagram				
	Judgement	① A ② B ③ C ④ D ⑤ E <small>A: Uninterpretable B: No abnormalities observed C: Abnormalities observed but detailed exam not needed D: Abnormalities observed but judged to be a condition other than lung cancer E: Possibility of lung cancer</small>	Observations			
<b>Sputum cytodiagnosis</b>		Judgement		Judgement		
(Those with blood in the sputum • Those over 50 with a smoking index of over 600) ① A ② B ③ C ④ D ⑤ E <small>A: No histiocytes detected in sputum B: Only normal epidermal cells, basal cell outgrowth, slightly atypical squamous cells, villous columnar epithelial cells C: Moderately atypical squamous cells, columnar epithelial cells associated with nucleus growth or deep staining D: Highly (borderline) atypical squamous cells or cells which may be malignant detected E: Malignant tumor cells detected</small>						
Judgement	① No abnormalities ② Follow-up ( ) ③ Detailed examination necessary ④ Treatment necessary					
Detailed examination check	<input type="checkbox"/> Detailed examination conducted <small>Please make sure to return the detailed examination result notice from the medical institution to the city.</small> <input type="checkbox"/> Detailed examination scheduled <input type="checkbox"/> Referral to other medical facility (Referral letter issued)		<input type="checkbox"/> Detailed examination conducted <small>Please make sure to return the detailed examination result notice from the medical institution to the city.</small> <input type="checkbox"/> Detailed examination scheduled <input type="checkbox"/> Referral to other medical facility (Referral letter issued)		<input type="checkbox"/> Detailed examination conducted <small>Please make sure to return the detailed examination result notice from the medical institution to the city.</small> <input type="checkbox"/> Detailed examination scheduled <input type="checkbox"/> Referral to other medical facility (Referral letter issued)	