

# Genki Sukoyaka Health Check Form (Cervical Cancer)

元気すこやか健診受診票（子宮頸がん検診）

Date of health check	Address Higashihiroshima City		Tel. - -	
Medical facility	Name		Age at end of coming March	Date of birth Year:    Month:    Day:
Physician	To be filled in by the medical facility	Voucher checked? Y    ·    N	Enrolled in Higashihiroshima National Health Insurance? Y    ·    N	Certificate of eligibility for free health checks? Y    ·    N

※ Please fill in the section within the bold lines.

To be filled in by the patient	1. Have you ever had a cervical cancer check before? <input type="checkbox"/> Yes (When?                      ) <input type="checkbox"/> No ↳ Result <input type="checkbox"/> Abnormalities (                      ) <input type="checkbox"/> No abnormalities
	2. Have you ever had any womb/uterus illnesses? <input type="checkbox"/> No <input type="checkbox"/> Yes (Name of illness                      Age                      ) <input type="checkbox"/> Currently being treated
	3. Please give details of your menstruation. First period (age                      )    /    Menopause <input type="checkbox"/> No <input type="checkbox"/> Yes (age                      ) Most recent period (From                      MM                      DD, for                      day(s))
	4. Have you ever been pregnant? <input type="checkbox"/> No <input type="checkbox"/> Yes (Pregnant                      times    /    Given birth                      times)
	5. Have you noticed any of the following symptoms during the last 6 months? Please tick all that apply. ① Menstruation trouble <input type="checkbox"/> No <input type="checkbox"/> Yes ↳ <input type="checkbox"/> Irregular <input type="checkbox"/> Large amount of blood <input type="checkbox"/> Intense pain ② Abnormal vaginal bleeding <input type="checkbox"/> No <input type="checkbox"/> Yes ↳ Amount ( <input type="checkbox"/> A little <input type="checkbox"/> A lot )    /    Color ( <input type="checkbox"/> Fresh blood <input type="checkbox"/> Brown <input type="checkbox"/> Pink ) ③ Vaginal discharge <input type="checkbox"/> No <input type="checkbox"/> Yes ↳ Amount ( <input type="checkbox"/> A little <input type="checkbox"/> A lot )    /    Color ( <input type="checkbox"/> Colorless <input type="checkbox"/> White <input type="checkbox"/> Yellow <input type="checkbox"/> Brown ) ④ Itchiness in the pubic area <input type="checkbox"/> No <input type="checkbox"/> Yes ⑤ Other (                      )
	6. Please tick any of the following which apply to you regarding your recent health state. <input type="checkbox"/> I have lower back pains <input type="checkbox"/> I have no appetite <input type="checkbox"/> I have lost weight (                      kg ) <input type="checkbox"/> I get tired easily <input type="checkbox"/> Other (                      )

## Results of cervical cancer check

To be filled in by the physician	Internal examination	Cytology
	Observations	Judgement (Bethesda classification)
	① No abnormalities ② Vaginal erosion ③ Vaginitis (                      vaginitis ) ④ Polyp (Cervical canal · Endometrium) ⑤ Uterine atrophy ⑥ Uterine hypertrophy ⑦ Uterine fibroids ⑧ Ovarian tumor ⑨ Other (                      )	※ Please circle the judgements below as appropriate. ① Detailed examination not required ( NILM ) ② Detailed examination required ( ASC-US ) ③ Detailed examination required 1                      ASC-H    ·    LSIL    ·    HSIL AGC    ·    AIS ④ Detailed examination required 2                      Adenocarcinoma · SCC · Other ⑤ Measurement not possible
Cervical cancer check judgements	<input type="checkbox"/> No abnormalities <input type="checkbox"/> Follow-up (                      ) <input type="checkbox"/> Detailed examination required	
Detailed examination verification	<input type="checkbox"/> Detailed examination conducted <input type="checkbox"/> Detailed examination scheduled <input type="checkbox"/> Referred to other medical facility (referral letter issued) ↳ Please make sure to return the detailed examination result notice from the medical institution to the city.	

( Medical facility → Higashihiroshima City )