

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?	Enrolled in Higashihiroshima National Health Insurance? Certificate of eligibility for free health checks?	
		Y - N	Y - N	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 <input type="checkbox"/> 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		※ Please circle the judgements below as appropriate.	
	② Vaginal erosion		① Detailed examination not required (NILM)	
	③ Vaginitis (vaginitis)		② Detailed examination required (ASC-US)	
	④ Polyp (Cervical canal + Endometrium)		③ Detailed examination required 1 ASC-H + LSIL + HSIL AGC + AIS	
	⑤ Uterine atrophy		④ Detailed examination required 2 Adenocarcinoma + SCC + Other	
	⑥ Uterine hypertrophy		⑤ Measurement not possible	
	⑦ Uterine fibroids			
	⑧ Ovarian tumor			
⑨ Other ()				
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) <input type="checkbox"/> Please make sure to return the detailed examination result notice from the medical institution to the city.		

(Medical facility → Higashihiroshima City)