

# Genki Sukoyaka Health Check Form (Breast Cancer)

元気すこやか健診受診票（乳がん検診）

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 breast cancer check before? <input type="checkbox"/> Yes (When? ) <input type="checkbox"/> No <div style="border: 1px dashed black; padding: 5px; margin-top: 5px;"> Method: <input type="checkbox"/> Clinical breast examination and mammography <input type="checkbox"/> Mammography only <input type="checkbox"/> Other ( )  Result: <input type="checkbox"/> Abnormalities ( ) <input type="checkbox"/> No abnormalities </div>
	2. Have you ever had any breast illnesses? <input type="checkbox"/> No <input type="checkbox"/> Yes (Illness Age <input type="checkbox"/> Currently receiving treatment)
	3. Have any members of your family (close relatives) ever had breast cancer? <input type="checkbox"/> No <input type="checkbox"/> Yes (Relationship )
	4. Please give details of your health state up until the present. First period (age ) / Menopause <input type="checkbox"/> No <input type="checkbox"/> Yes (age ) Most recent period (From MM DD, for day(s)) <input type="checkbox"/> I have a pacemaker. <input type="checkbox"/> I have had breast enlargement surgery.
	5. Have you ever been pregnant? <input type="checkbox"/> No <input type="checkbox"/> Yes (Pregnant times / Given birth times ) <input type="checkbox"/> Currently pregnant
	6. Have you ever breastfed? <input type="checkbox"/> No <input type="checkbox"/> Yes ( Under 6 months · 6 months and over ) <input type="checkbox"/> Currently breastfeeding
	7. Have you noticed any symptoms yourself? ① Do you have any pain or lumps in your breasts? <input type="checkbox"/> No <input type="checkbox"/> Yes Pain ( R · L ) / Lump ( R · L ) ② Do you have secretions from your nipples? <input type="checkbox"/> No <input type="checkbox"/> Yes ( R · L ) ③ Other ( )

## Results of breast cancer check

Please tick the boxes that apply.

To be filled in by the physician	Mammography observations			
	(Please show observations below) ● Tumor ∴ Calcification ≠ Mammary gland parenchyma observation <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> </div> <div style="text-align: center;"> </div> </div>	Scan method	<input type="checkbox"/> 1 direction <input type="checkbox"/> 2 directions	
		Region	Right breast	Left breast
		Mammary gland judgement	<input type="checkbox"/> Almost entirely fat	<input type="checkbox"/> Almost entirely fat
			<input type="checkbox"/> Scattered fibroglandular densities	<input type="checkbox"/> Scattered fibroglandular densities
Category judgement	<input type="checkbox"/> Heterogeneously dense	<input type="checkbox"/> Heterogeneously dense		
	<input type="checkbox"/> Extremely dense	<input type="checkbox"/> Extremely dense		
	① Category I	① Category I		
	② Category II	② Category II		
	③ Category III	③ Category III		
④ Category IV	④ Category IV			
⑤ Category V	⑤ Category V			

※ Category I (No abnormalities), Category II (Benign), Category III (Benign, but the possibility of malignancy cannot be discounted), Category IV (Possibility of malignancy), Category V (Malignant)

Breast 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) <div style="border: 1px dashed black; padding: 5px; margin-top: 5px;"> Please make sure to return the detailed examination result notice from the medical institution to the city. </div>

( Medical facility → Higashihiroshima City )