

Genki Sukoyaka Health Check Form (Breast Cancer)

元気すこやか健診受診票 (乳がん検診)

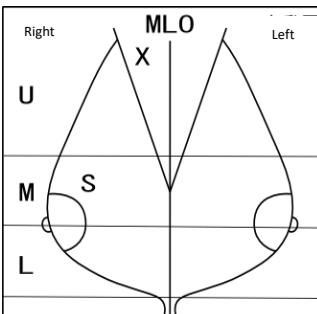
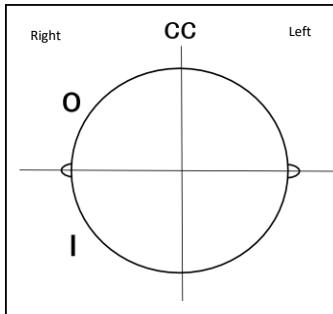
Date of health check	Address Higashihiroshima City		Tel. - - -	
Medical facility	Name		Age at end of coming March	Date of birth
Physician	To be filled in by the medical facility	Voucher checked?	Enrolled in Higashihiroshima National Health Insurance?	Certificate of eligibility for free health checks?
		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 breast cancer check before? <input type="checkbox"/> Yes (When?) <input type="checkbox"/> No 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				
	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)		Scan method	<input type="checkbox"/> 1 direction	<input type="checkbox"/> 2 directions
	● Tumor ∴ Calcification ≠ Mammary gland parenchyma observation		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
				<input type="checkbox"/> Heterogeneously dense	<input type="checkbox"/> Heterogeneously dense
				<input type="checkbox"/> Extremely dense	<input type="checkbox"/> Extremely dense
			Category judgement	<input type="checkbox"/> Category I	<input type="checkbox"/> Category I
			<input type="checkbox"/> Category II	<input type="checkbox"/> Category II	
			<input type="checkbox"/> Category III	<input type="checkbox"/> Category III	
			<input type="checkbox"/> Category IV	<input type="checkbox"/> Category IV	
			<input type="checkbox"/> Category V	<input type="checkbox"/> 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) Please make sure to return the detailed examination result notice from the medical institution to the city.

(Medical facility → Higashihiroshima City)