

Genki Sukoyaka Health Check Form (Prostate Cancer)

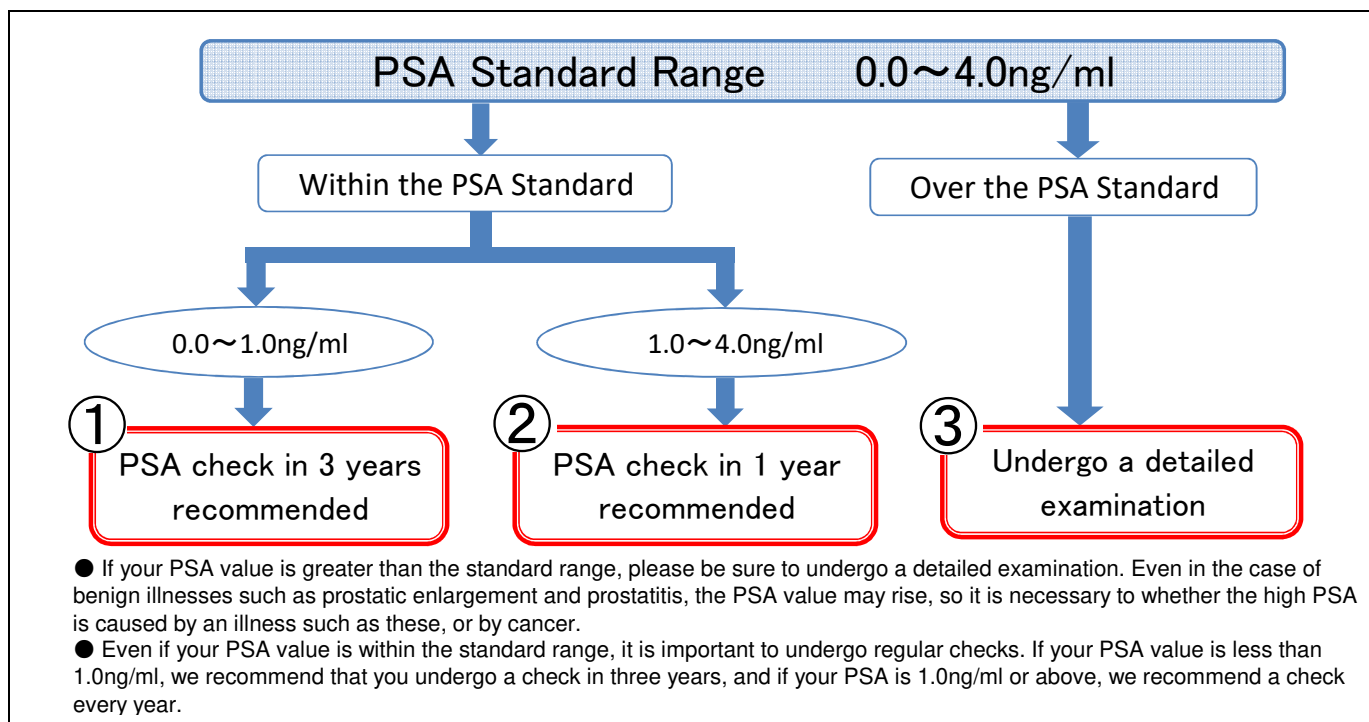
元気すこやか健診受診票（前立腺がん検診）

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	

※ Please fill in the section within the bold lines.

To be filled in by the patient	1. If there is any illness you are currently being treated for, please give details. ()
	2. Please circle any of the following that describe your recent health state. ① I have no appetite ② I have lost weight (kg) ③ Other ()
	3. Please circle any illnesses you have suffered from before. 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:)
	4. Have any of your close relations (parents, children, siblings) been diagnosed with prostate cancer? Yes • No
	5. Have you ever been treated for prostate cancer or prostatic enlargement? Yes • No Are you currently taking medicine as part of the treatment? Yes (Name of medicine:) • No
	6. Do you currently have any of the following symptoms? Please circle any that apply. ① It is difficult to urinate. ⑤ I suddenly feel the need to urinate. ② After urinating, it feels like there is still urine left. ⑥ There is blood in my urine. ③ I only urinate infrequently. ⑦ I have an uncomfortable feeling in my lower abdomen. ④ I need to go to the toilet several times during the night. ⑧ I have pain in my lower back or my legs.

To be filled in by the physician	PSA value ng/ml (Rounded to two decimal places)	Judgement	① Within standard range (0.0~1.0ng/ml)
			② Within standard range (1.0~4.0ng/ml)
			③ Detailed examination required (over 4.0ng/ml)



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.