

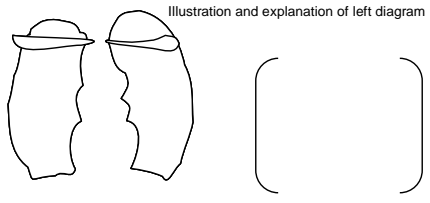
Genki Sukoyaka Health Check Form (Lung/Stomach/Intestines)

Date of health check
Medical facility
Physician

Address Higashihiroshima City		Tel. - -	
Name	M	Age at end of coming March	Date of birth
	F	Year: Month: Day:	
Coupon number	To be filled in by the medical facility	Free check certificate?	Y · N

※ Please fill in the section within the bold lines.

To be filled in by the patient (Please fill in the sections for the checks you wish to have)	General questions	1. If there is any illness you are currently being treated for, please give details. ()		
	2. 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:)			
	3. Have any of your blood relations suffered from cancer, and if so, where (in which part of the body)? ① Grandparent (where:) ② Parent (where:) ③ Sibling (where:)			
		Lung cancer check	Stomach cancer check	Intestinal cancer check
Have you ever had a lung cancer check before? Yes(YYYY MM) · No		Have you ever had a stomach cancer check before? Yes (Barium·Internal camera YYYY MM) · No		Have you ever had an intestinal cancer check before? Yes(YYYY MM) · No
1) Do you smoke? ① I smoke currently. (Started at age) [] x [] years = [] <small>(Cigarettes smoked per day) (Years since you started smoking) (Smoking index)</small> ② I gave up. (Smoked from ___ to ___, about ___ cigarettes per day) ③ I have never smoked. 2) Have you ever had pneumoconiosis or worked with asbestos? (Y·N) 3) Are you pregnant, or is there a chance you may be pregnant? (Yes·No) 4) Please circle any of the following that describe your recent health state. ① I have a persistent cough. ② I often have phlegm. ③ I have had chest pains over a long period of time. ④ There is blood in my phlegm (within the last 6 months) ⑤ I sometimes feel short of breath ⑥ Other ()		1) Are you pregnant, or is there a chance you may be pregnant? (Yes·No) 2) Please circle any of the following that describe your recent health state. ① I have lost weight. ② I have no appetite. ③ My stomach feels heavy. ④ My stomach hurts (After eating · When empty · Other) ⑤ I have heartburn or I belch (burp). ⑥ I sometimes feel nauseous or I vomit. ⑦ I often get constipation. ⑧ I often get diarrhoea. ⑨ I have symptoms of allergy to barium. ⑩ Other ()		1) Bowel movements: [] time(s) per day 2) Please circle any of the following that describe your recent health state. ① I have lost weight. ② I have no appetite. ③ I defecate frequently. ④ My stools are thin. ⑤ There is blood in my stools. ⑥ My stools are blackish. ⑦ I alternate between diarrhoea and constipation. ⑧ I have a lump in my lower abdomen. ⑨ I have hemorrhoids. ⑩ Other ()

To be filled in by the physician (Please circle those that apply)	Lung cancer check observations	Stomach cancer check observations	Intestinal cancer check observations												
	Check using chest X-ray	Check ① Check using barium ② Check using endoscopy <small>(When the check in ① is not possible because of a previous illness, etc.)</small>	<table border="1"> <tr> <td></td> <td>First time</td> <td>Second time</td> </tr> <tr> <td></td> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> </tr> <tr> <td></td> <td style="text-align: center;">+</td> <td style="text-align: center;">+</td> </tr> <tr> <td>Judgement</td> <td>Fixed quantity () ng/ml</td> <td>Fixed quantity () ng/ml</td> </tr> </table>		First time	Second time		-	-		+	+	Judgement	Fixed quantity () ng/ml	Fixed quantity () ng/ml
				First time	Second time										
		-	-												
	+	+													
Judgement	Fixed quantity () ng/ml	Fixed quantity () ng/ml													
Illustration and explanation of left diagram 	Region Observations	Judgement ① No abnormalities ② Follow-up () ③ Detailed examination necessary ④ Treatment necessary													
① A ② B ③ C ④ D ⑤ E A: Uninterpretable B: No abnormalities observed C: Abnormalities observed but detailed exam not needed D: Abnormalities observed but judged to be a condition other than lung cancer E: Possibility of lung cancer	Judgement ① No abnormalities ② Follow-up () ③ Detailed examination necessary ④ Treatment necessary														
Sputum cytodiagnosis			Judgement												
(Those with blood in the sputum · Those over 50 with a smoking index of over 600) ① A ② B ③ C ④ D ⑤ E A: No histiocytes detected in sputum B: Only normal epidermal cells, basal cell outgrowth, slightly atypical squamous cells, vilous columnar epithelial cells C: Moderately atypical squamous cells, columnar epithelial cells associated with nucleus growth or deep staining D: Highly (borderline) atypical squamous cells or cells which may be malignant detected E: Malignant tumor cells detected			Judgement ① No abnormalities ② Follow-up () ③ Detailed examination necessary ④ Treatment necessary												
Detailed examination check <input type="checkbox"/> Detailed examination conducted Date(/ /) ├─Method() ├─Result() └─Judgement(Can be left Follow-up Treatment necessary) <input type="checkbox"/> Detailed examination scheduled <input type="checkbox"/> Referral to other medical facility (Referral letter issued)	Detailed examination check <input type="checkbox"/> Detailed examination conducted Date(/ /) ├─Method() ├─Result() └─Judgement(Can be left Follow-up Treatment necessary) <input type="checkbox"/> Detailed examination scheduled <input type="checkbox"/> Referral to other medical facility (Referral letter issued)		Detailed examination check <input type="checkbox"/> Detailed examination conducted Date(/ /) ├─Method() ├─Result() └─Judgement(Can be left Follow-up Treatment necessary) <input type="checkbox"/> Detailed examination scheduled <input type="checkbox"/> Referral to other medical facility (Referral letter issued)												