Genki Sukoyaka Health Check Form（Cervical Cancer）

Date of health check . .	Address Higashihiroshima City		Tel. - -
Medical facility Physician ㊞	Name	Age at end of coming March	Date of birth 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

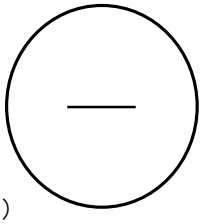
1. Have you ever had a cervical cancer check before?
   ☐ Yes（When? ） ☐ No
   → Result ☐ Abnormalities（ ） ☐ No abnormalities
2. Have you ever had any womb/uterus illnesses?
   ☐ No ☐ Yes（Name of illness Age ） ☐ Currently being treated
3. Please give details of your menstruation.
   First period（age ） ／ Menopause ☐ No ☐ Yes（age ）
   Most recent period (From MM DD, for day(s))
4. Have you ever been pregnant?
   ☐ No ☐ 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 ☐ No ☐ Yes
   → ☐ Irregular ☐ Large amount of blood ☐ Intense pain
   ② Abnormal vaginal bleeding ☐ No ☐ Yes
   → Amount（☐ A little ☐ A lot） ／ Color（☐ Fresh blood ☐ Brown ☐ Pink）
   ③ Vaginal discharge ☐ No ☐ Yes
   → Amount（☐ A little ☐ A lot） ／ Color（☐ Colorless ☐ White ☐ Yellow ☐ Brown）
   ④ Itchiness in the pubic area ☐ No ☐ Yes
   ⑤ Other（ ）
6. Please tick any of the following which apply to you regarding your recent health state.
   ☐ I have lower back pains ☐ I have no appetite ☐ I have lost weight（ kg） ☐ I get tired easily ☐ Other（ ）

Results of cervical cancer check

To be filled in by the physician

Internal examination	Cytology
Observations	Judgement（Bethesda classification）
① No abnormalities ② Vaginal erosion ③ Vaginitis （ vaginitis） ④ Polyp（Cervical canal ・ Endometrium） ⑤ Uterine atrophy ⑥ Uterine hypertrophy ⑦ Uterine fibroids ⑧ Ovarian tumor ⑨ Other （ ）	※ Please circle the judgements below as appropriate. ① Detailed examination not required （ NILM ） ② Detailed examination required （ASC-US） ③ Detailed examination required 1 ASC-H ・ LSIL ・ HSIL AGC ・ AIS ④ Detailed examination required 2 Adenocarcinoma・SCC・Other ⑤ Measurement not possible

Colposcope observations



Cervical cancer check judgements	☐ No abnormalities ☐ Follow-up（ ） ☐ Detailed examination required
Detailed examination verification	☐ Detailed examination conducted ☐ Detailed examination scheduled ☐ Referred to other medical facility (referral letter issued) → Date（ / ） Method（ ） Result（ ） Judgement（ Can be left・Follow-up・Treatment necessary ）

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（ Medical facility → Medical association → Higashihiroshima City ）