

Genki Sukoyaka Health Check Form (Breast Cancer)

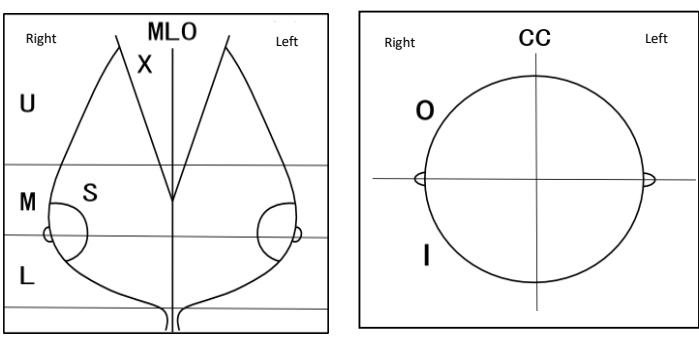
Date of health check	Address Higashihiroshima City		Tel. — —	
Medical facility	Name	Age at end of coming March	Date of birth	
Physician	Coupon number		To be filled in by the medical facility	Free check certificate? Y · N

※ Please fill in the section within the bold lines.

To be filled in by the patient	1. Have you ever had a 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) ● Tumor ∴ Calcification ≠ Mammary gland parenchyma observation	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 <input type="checkbox"/> Heterogeneously dense <input type="checkbox"/> Heterogeneously dense <input type="checkbox"/> Extremely dense <input type="checkbox"/> Extremely dense
	Category judgement	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) Date(/) Method() Result() Judgement(Can be left · Follow-up · Treatment necessary)