Genki Sukoyaka Health Check Form (Prostate Cancer)

Date of health check . .	
Medical facility Physician ㊞	

Address Higashihiroshima City		Tel. - -	
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. 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.
② After urinating, it feels like there is still urine left.
③ I only urinate infrequently.
④ I need to go to the toilet several times during the night.
⑤ I suddenly feel the need to urinate.
⑥ There is blood in my urine.
⑦ I have an uncomfortable feeling in my lower abdomen.
⑧ I have pain in my lower back or my legs.

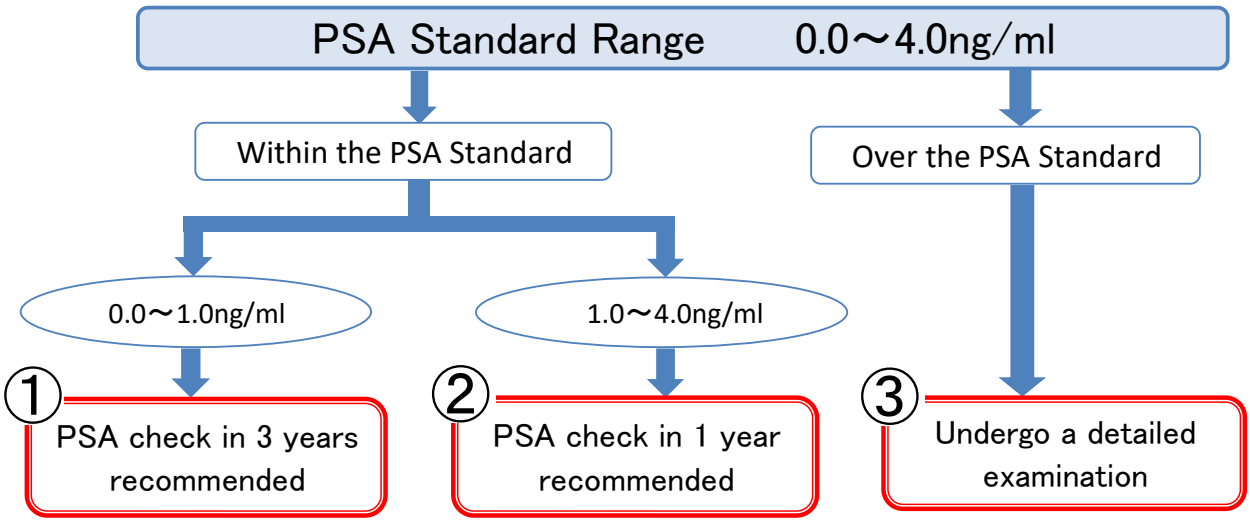
To be filled in by the physician

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)



● If your PSA value is greater than the standard range, please be sure to undergo a detailed examination. Even in the case of benign illnesses such as prostatic enlargement and prostatitis, the PSA value may rise, so it is necessary to whether the high PSA is caused by an illness such as these, or by cancer.
● Even if your PSA value is within the standard range, it is important to undergo regular checks. If your PSA value is less than 1.0ng/ml, we recommend that you undergo a check in three years, and if your PSA is 1.0ng/ml or above, we recommend a check every year.

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 required ）

（ Medical facility → Medical association → Higashihiroshima City ）