

# Minato City Health Examination Form [Specific Health Examination/Basic Health Examination/30s Health Examination]

Examination period: July 1 to November 30

Attach your health examination ticket here

(Firmly write with a ballpoint pen so your information shows up on the duplicate pages behind this.)  
If I am subject to specific health guidance, I agree to provide my health examination results to a company contracted by Minato City to provide specific health guidance to create a program to improve my lifestyle.

Furigana reading <b>Name</b>	Address <b>Minato City</b>	Exam Category				
Sex: M / F      Date of Birth (YYYY/MM/DD):	[TEL] Home (      ) / Cell (      )	<table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">1 National Hlth. Ins.</td> <td style="width: 50%;">2 Elderly</td> </tr> <tr> <td>3 Basic</td> <td>4 30s exam</td> </tr> </table>	1 National Hlth. Ins.	2 Elderly	3 Basic	4 30s exam
1 National Hlth. Ins.	2 Elderly					
3 Basic	4 30s exam					

Must be filled in if your health examination ticket is category 1 or 2

Health Insurance Card Code/Number	
Code	Number

Basic Test Items (Required)																
Exam Date (YYYY/MM/DD)	/ /															
Type	<input type="checkbox"/> 1 Outpatient exam <input type="checkbox"/> 2 Home exam (doctor only) <input type="checkbox"/> 3 Home exam (accompanying nurse)															
Blood sample time (after meal)	*Circle one of the below options <input type="checkbox"/> 1. 10 hours or more (fasting) <input type="checkbox"/> 2. Less than 10 hours (normal)															
Height	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> cm															
Weight	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> kg															
BMI	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>															
Waist Circum.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> cm <small>1. Actual measure    2. Self-measure    3. Self-report</small>															
Blood Pressure	<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> mmHg															
Urine Test	<table border="1" style="width: 100%;"> <tr> <td>Glucose</td> <td>-</td> <td>±</td> <td>+</td> <td>++ or more</td> </tr> <tr> <td>Protein</td> <td>-</td> <td>±</td> <td>+</td> <td>++ or more</td> </tr> <tr> <td>Occult blood</td> <td>-</td> <td>±</td> <td>+</td> <td>++ or more</td> </tr> </table>	Glucose	-	±	+	++ or more	Protein	-	±	+	++ or more	Occult blood	-	±	+	++ or more
Glucose	-	±	+	++ or more												
Protein	-	±	+	++ or more												
Occult blood	-	±	+	++ or more												
Basic Biochemistry Test	Triglycerides	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> mg/dl														
	HDL cholesterol	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> mg/dl														
	LDL cholesterol	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> mg/dl														
	non-HDL cholesterol	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> mg/dl														
	AST(GOT)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> U/l														
	ALT(GPT)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> U/l														
γ-GT(γ-GTP)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> U/l															

Minto City Test Items (at Doctor's Discretion)	
Blood glucose test	Blood sugar <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> mg/dl
	Hemoglobin Alc (NGSP) <input type="text"/> <input type="text"/> <input type="text"/> %
Blood test	White blood cell count <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> /μl
	Platelets <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> × 10 <sup>4</sup> /μl
Independent Biochemical Tests	Total cholesterol <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> mg/dl
	Alkaline phosphatase <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> U/l
	Uric acid <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> mg/dl
	Urea nitrogen <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> mg/dl
	Amylase <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> U/l
	CPK <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> U/l
	Albumin <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> g/dl <small>Req. for 65 and older</small>
Chest X-Ray	<input type="checkbox"/> 1 No abnormality <input type="checkbox"/> 2 Findings Notes: _____

Medical Interview (Required)							
Medical history	1. Yes    2. No If 1. Yes, circle the appropriate item below 1. High blood pressure; 2. Diabetes; 3. High cholesterol; 4. Stroke; 5. Heart disease; 6. Kidney failure; 7. Anemia; 8. Other (      )						
Subjective symptoms	1. Yes    2. No If 1. Yes, circle the appropriate item below 1. Palpitations/short of breath; 2. Insomnia; 3. Stiff shoulders/lower back pain; 4. Numbness in hands/feet; 5. Headaches/tinnitus; 6. Diarrhea; 7. Constipation; 8. Other (      )						
Objective symptoms	1. Yes    2. No If 1. Yes, circle the appropriate item below 1. Pale conjunctiva 2. Edema 3. Heart murmur 4. Cardiac arrhythmia 5. Lung murmur 6. Other (      )						
Test Results							
Metabolic syndrome assessment (circle relevant number)	<table border="1" style="width: 100%;"> <tr> <td style="width: 10px;">1</td> <td>Meets criteria</td> </tr> <tr> <td>2</td> <td>Meets prelim. group</td> </tr> <tr> <td>3</td> <td>Does not meet</td> </tr> </table>	1	Meets criteria	2	Meets prelim. group	3	Does not meet
1	Meets criteria						
2	Meets prelim. group						
3	Does not meet						
[Medicine started based on results of this health check] Circle appropriate item							
High blood pressure    Diabetes    High cholesterol							

Detailed Test Items (at Doctor's Discretion)		Reason for Detailed Test (Circle Appropriate Number)																		
Anemia Test	Red blood cell count <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> × 10 <sup>4</sup> /μl	1. Individual covered by long-term care prevention program																		
	Hemoglobin content <input type="text"/> <input type="text"/> <input type="text"/> g/dl	2. History or suspicion of anemia based on visual inspection																		
	Hematocrit value <input type="text"/> <input type="text"/> <input type="text"/> %	3. Doctor's judgement																		
Serum creatinine test	Serum creatinine value <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> mg/dl	1. Met all criteria in this year's health check results																		
	eGFR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ml/min/1.73 m <sup>2</sup>	2. Doctor's judgement																		
EKG	<input type="checkbox"/> 1 No abnormality	1. Individual covered by long-term care prevention program																		
	<input type="checkbox"/> 2 Findings	2. Met all criteria in this year's health check results, or individual suspected of arrhythmia based on interview																		
	Notes: _____	3. Doctor's judgement																		
Retina Exam	<input type="checkbox"/> 1 Request retina exam from designated ophthalmologist	1. Met all criteria in this year's health check results																		
	<input type="checkbox"/> 2 Retina exam at same medical institution	2. Doctor's judgement																		
	Category	<table border="1" style="width: 100%;"> <tr> <td style="width: 10px;">Scope</td> <td colspan="2">1. Both eyes</td> </tr> <tr> <td>Camera</td> <td>2. Single eye</td> <td>3. Both eyes</td> </tr> </table>		Scope	1. Both eyes		Camera	2. Single eye	3. Both eyes											
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Results	<table border="1" style="width: 100%;"> <tr> <td style="width: 10px;">KW</td> <td>1</td> <td>I</td> <td>IIa IIb</td> <td>III</td> <td>IV</td> </tr> <tr> <td>SCHEIE (H)</td> <td>1</td> <td>I</td> <td>II</td> <td>III</td> <td>IV</td> </tr> <tr> <td>SCHEIE (S)</td> <td>1</td> <td>I</td> <td>II</td> <td>III</td> <td>IV</td> </tr> </table>		KW	1	I	IIa IIb	III	IV	SCHEIE (H)	1	I	II	III	IV	SCHEIE (S)	1	I	II	III	IV
KW	1	I	IIa IIb	III	IV															
SCHEIE (H)	1	I	II	III	IV															
SCHEIE (S)	1	I	II	III	IV															
Diabetes retinopathy	1. No retinopathy 2. Simple retinopathy 3. Proliferative retinopathy 4. Proliferative retinopathy																			
Medical Institution		<table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">Institution name:</td> <td style="width: 50%;"> </td> </tr> <tr> <td>Doctor name:</td> <td> </td> </tr> <tr> <td>TEL: (      )</td> <td> </td> </tr> </table>		Institution name:		Doctor name:		TEL: (      )												
Institution name:																				
Doctor name:																				
TEL: (      )																				

Category-Specific Assessments (Req.)	
1. No abnormality 2. Findings (circle 1 or 2 below for diseases)	
Blood pressure	1. Guidance required 2. Examination recommended (incl. during treatment)
Anemia	1. Guidance required 2. Examination recommended (incl. during treatment)
Liver disease	1. Guidance required 2. Examination recommended (incl. during treatment)
Diabetes	1. Guidance required 2. Examination recommended (incl. during treatment)
Heart disease	1. Guidance required 2. Examination recommended (incl. during treatment)
Kidney disease	1. Guidance required 2. Examination recommended (incl. during treatment)
Obesity	1. Guidance required 2. Examination recommended (incl. during treatment)
High cholesterol	1. Guidance required 2. Examination recommended (incl. during treatment)
Hyperuricemia	1. Guidance required 2. Examination recommended (incl. during treatment)
Other	1. Guidance required 2. Examination recommended (incl. during treatment)
Disease name, etc.	
Ref. No.	

(For submission to Minato City)