

# ○ Minato City Medical Checkup Funduscopy: Request & Report Sheet

|   |  |  |               |  |  |  |  |  |  |  |  |  |
|---|--|--|---------------|--|--|--|--|--|--|--|--|--|
| For requesting medical institution use only | Hospital   | Please use a ball point pen and write firmly; this is a set of four carbon copied sheets.  |               |  |  |  |  |  |  |  |  |  |
|   | Clinic   |  |               |  |  |  |  |  |  |  |  |  |
|   | Please perform funduscopy in the following patient who have finished a regular medical checkup.  | <Handover to ophthalmologist><br>Blood pressure / mmHg<br>Treatment of high blood pressure Yes • No<br>Treatment of diabetes Yes • No<br>Other information |               |  |  |  |  |  |  |  |  |  |
|   | 1 <span style="float: right;">9</span><br><table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table> Fill in a 9-digit key code as right- aligned. |  |               |  |  |  |  |  |  |  |  |  |
|   |  |  |               |  |  |  |  |  |  |  |  |  |
|   |  | Date of birth  | Sex           |  |  |  |  |  |  |  |  |  |
| Name  |  | Month    Day    Year   | Male • Female |  |  |  |  |  |  |  |  |  |
|   |  | Tel.   |               |  |  |  |  |  |  |  |  |  |

|                              |  |  |   |       |     |          |     |    |
|------------------------------|--|--|---|-------|-----|----------|-----|----|
| For ophthalmologist use only | <b>Funduscopy</b>  |  | Completed on  | Month | Day | Year     |     |    |
|                              | *Fill in circles or necessary information in appropriate "Section" or "Result" spaces. |  |   |       |     |          |     |    |
|                              | <Result>   | Sections                               | Detailed funduscopy: one eye  |       |     |          |     |    |
|                              |  | Detailed funduscopy: both eyes         |   |       |     |          |     |    |
|                              |  | Camera (1 film): one eye               |   |       |     |          |     |    |
|                              |  | Camera (2 films): both eyes            |   |       |     |          |     |    |
|                              |  | Intraocular pressure (IOP) measurement |   |       |     |          |     |    |
|                              | Retinal vascular sclerosis   | KW                                     | 0   | I     | IIa | IIb      | III | IV |
|                              | Classification of hypertensive fundus changes  | SCHEIE (H)                             | 0   | I     | II  | III      | IV  |    |
|                              |  | SCHEIE (S)                             | 0   | I     | II  | III      | IV  |    |
|                              | Diabetic retinopathy   | Davis' classification                  | 1. No retinopathy<br>2. Simple diabetic retinopathy<br>3. Proliferative diabetic retinopathy<br>4. Proliferative diabetic retinopathy |       |     |          |     |    |
|                              | IOP measurement  | R                                      | mmHg  |       |     | Normal   |     |    |
|                              |  | L                                      | mmHg  |       |     | High IOP |     |    |
|                              | Other comments   |  |   |       |     |          |     |    |

|   |
|---|
| Medical institution for medical checkup |
| Name                                    |
| Address                                 |
| Tel.        (        )                  |

|                                    |
|------------------------------------|
| Medical institution for funduscopy |
| Name                               |
| Address                            |
| Tel.        (        )             |

**(To Minato City)**

|               |  |
|---------------|--|
| Reference No. |  |
|---------------|--|