04

Minato City Lung Cancer Screening Form and Results Report

Attach your lung cancer checkup ticket here

Make sure to fill in the below area with the bold outline if you are going to receive a medical examination.
(Firmly write with a ballpoint pen so your information shows up on the duplicate pages behind this.)

Examination Date (YYYY/MM/DD): / /

Furigana reading			Date of Birth (YYYY/MM/DD)	Sex
Name			/ /	M / F
			Tel. No.: ( )	

[Questionnaire] (Please circle or fill in applicable items)

1. Do you smoke cigarettes?
   A. No
   B. I smoked in the past, but quit approx. ___ years ago
   C. Yes
   *** If you answered B and C: ___ cigarettes/day and ___ cigarettes/year**

Smoking Index (BI)

*Filled in by the medical institution. Number of cigarettes smoked per day times number of years smoking ⇨ Eligible for sputum cytology if smoking index is 600 or higher

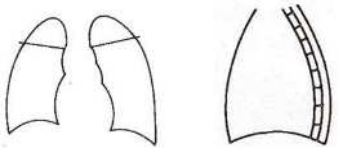
*Sputum cytology is limited to individuals aged 50 and over

2. Have you ever had a lung cancer screening?	No	Yes	Date (YYYY/MM): / Screening result: No abnormality / Abnormal
3. Do you sometimes have blood in your phlegm?	No	Yes	
4. Have you ever had a respiratory illness?	No	Yes	Pulmonary tuberculosis/chest inflammation/chronic bronchitis/ pneumonia asthma/suspected lung tumor/other( )
5. Have you ever worked in an enovironment or workplace that affected your respiratory system?	No	Yes	Workplace or environment:( ) Period: ( )years
6. Are you currently pregnant?	No	Yes	

■Initial chest X-ray findings [Required]

□First reading, so comparison not possible
□Changes after comparative reading (yes / no)

Front (back to chest) Side

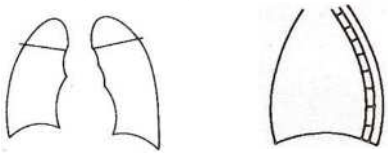


Circle applicable findings
1. No findings
2. Findings (follow-up observation)
3. Findings (suspected lung cancer, requires follow-up examination)

Initial reading (check applicable item):
□ Conducted at same time as health checkup (1 X-ray taken)
□ Lung cancer screening only (2 X-rays taken)
Doctor for initial reading (signature):_____

■Secondary reading chest X-ray findings [Required]

Front (back to chest) Side



Circle applicable findings
1. No findings
2. Findings (follow-up observation)
3. Findings (suspected lung cancer, requires follow-up examination)

Secondary reading (check applicable item):
□ Done at this hospital by (signature) _____
□ Done at medical association
□ Remote reading

■Sputum cytology diagnosis (if conducted, circle one diagnosis) *Sputum cytology is available for individuals aged 50 and over with a smoking index of 600 or higher.
A: Foreign matter present B: Currently no abnormality, next regular inspection C: Follow-up observation
D: Follow-up examination required E: Follow-up examination and treatment required

■**Overall diagnosis (circle one)**
1. No abnormality 2. Requires follow-up examination (expenses will be borne by the patient based on insurance coverage)
3. Follow-up observation

Follow-up examination details

Is this your first time having a follow-up examination? (1) Yes (2) No

Name of medical institution

□ I have requested a follow-up examination at another medical institution. ( )

Write the key code on the second sheet

Primary medical institution name:

Doctor name:

Telephone number: ( )

Ref. No.	

2024

(For submission to Minato City)

04

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*If screening result is "Follow-up examination required," write the key code (9 digits) here:

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Furigana reading			Date of Birth (YYYY/MM/DD)	Sex
Name			/ /	M / F
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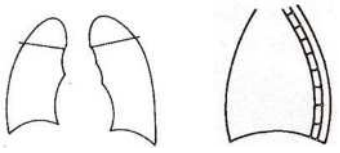
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Front (back to chest) Side



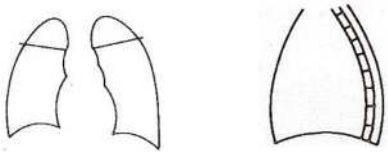
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Front (back to chest) Side



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Ref. No.	

2024

(For medical institution)

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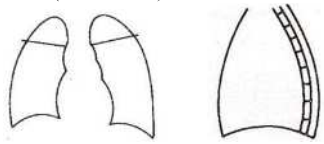
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■Initial chest X-ray findings [Required]

Front (back to chest) Side



1. No findings
2. Findings (follow-up observation)
3. Findings (suspected lung cancer, requires follow-up examination)

The results of your lung cancer screening are as follows. Please listen carefully to your doctor's explanation of the results. If you are instructed to undergo a followup examination or treatment, do not ignore them and follow the doctor's instructions.

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Primary medical institution name:

Doctor name:

Telephone number: ( )

Ref. No.	

2024

(For patient)