

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)

<p>1. Do you smoke cigarettes? A. No B. I smoked in the past, but quit approx. ___ years ago C. Yes</p> <p>* If you answered B and C: ___ cigarettes/day and ___ cigarettes/year</p>	<p>Smoking Index (BI)</p> <p><small>*Filled in by the medical institution. Number of cigarettes smoked per day times number of years smoking</small></p>	<p><small>*Sputum cytology is limited to individuals aged 50 and over</small></p> <p>Eligible for sputum cytology if smoking index is 600 or higher</p>
2. Have you ever had a lung cancer screening?	No Yes	Date (YYYY/MM): / Screening result: No abnormality / Abnormal
3. Do you often cough?	No Yes	1 time a month or more / 3 times a month or more
4. Do you often cough up phlegm?	No Yes	Occasionally / frequently
5. Do you sometimes have blood in your phlegm?	No Yes	
6. Have you ever had a respiratory illness?	No Yes	Pulmonary tuberculosis / chest inflammation / chronic bronchitis / pneumonia asthma / suspected lung tumor / other ()
7. Have you ever worked in an environment or workplace that affected your respiratory system?	No Yes	Workplace or environment: _____ Period: _____ years
8. Has anyone in your family had lung cancer?	No Yes	Relationship: Grandfather / grandmother / father / mother / siblings / uncle / aunt / cousin

<p>■ Initial chest X-ray findings [Required]</p> <p style="text-align: center;">Front (back to chest) Side</p> <div style="display: flex; justify-content: space-around;"> </div> <p style="text-align: center;">Circle applicable findings</p> <p> <input type="checkbox"/> First reading, so comparison not possible <input type="checkbox"/> Changes after comparative reading (yes / no) </p> <p> 1. No findings 2. Findings (follow-up observation) 3. Findings (suspected lung cancer, requires follow-up examination) </p> <p>Initial reading (check applicable item): <input type="checkbox"/> Conducted at same time as health checkup (1 X-ray taken) <input type="checkbox"/> Lung cancer screening only (2 X-rays taken) Doctor for initial reading (signature): _____</p>	<p>■ Secondary reading chest X-ray findings [Required]</p> <p style="text-align: center;">Front (back to chest) Side</p> <div style="display: flex; justify-content: space-around;"> </div> <p style="text-align: center;">Circle applicable findings</p> <p> 1. No findings 2. Findings (follow-up observation) 3. Findings (suspected lung cancer, requires follow-up examination) </p> <p>Secondary reading (check applicable item): <input type="checkbox"/> Done at this hospital by (signature) _____ <input type="checkbox"/> Done at medical association <input type="checkbox"/> Remote reading</p>
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■ 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

<p>Follow-up examination details</p> <p>Is this your first time having a follow-up examination? (1) Yes (2) No</p> <p style="text-align: center;">Name of medical institution</p> <p><input type="checkbox"/> I have requested a follow-up examination at another medical institution.</p> <p>Write the key code on the second sheet</p>	<p>Primary medical institution name:</p> <p>Doctor name:</p> <p>Telephone number: ()</p>
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Ref. No.	
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*If screening result is "Follow-up examination required," write the key code (9 digits) here:

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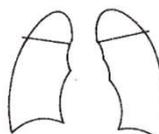
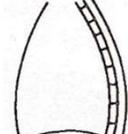
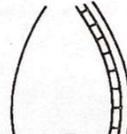
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Examination Date (YYYY/MM/DD): / /			
Furigana reading		Date of Birth (YYYY/MM/DD)	Sex
Name		/ /	M / F
Tel. No.: ()			

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

<p>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</p>	<p>Smoking Index (BI) *Filled in by the medical institution. Number of cigarettes smoked per day times number of years smoking</p>	<p>*Sputum cytology is limited to individuals aged 50 and over Eligible for sputum cytology if smoking index is 600 or higher</p>
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7. Have you ever worked in an environment or workplace that affected your respiratory system?	No Yes	Workplace or environment: _____ Period: _____ years
8. Has anyone in your family had lung cancer?	No Yes	Relationship: Grandfather / grandmother / father / mother / siblings / uncle / aunt / cousin

<p>Initial chest X-ray findings [Required]</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>Front (back to chest)</p>  </div> <div style="text-align: center;"> <p>Side</p>  </div> </div> <p><input type="checkbox"/> First reading, so comparison not possible <input type="checkbox"/> Changes after comparative reading (yes / no)</p> <p>Circle applicable findings { 1. No findings 2. Findings (follow-up observation) 3. Findings (suspected lung cancer, requires follow-up examination)</p> <p>Initial reading (check applicable item): <input type="checkbox"/> Conducted at same time as health checkup (1 X-ray taken) <input type="checkbox"/> Lung cancer screening only (2 X-rays taken) Doctor for initial reading (signature): _____</p>	<p>Secondary reading chest X-ray findings [Required]</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>Front (back to chest)</p>  </div> <div style="text-align: center;"> <p>Side</p>  </div> </div> <p>Circle applicable findings { 1. No findings 2. Findings (follow-up observation) 3. Findings (suspected lung cancer, requires follow-up examination)</p> <p>Secondary reading (check applicable item): <input type="checkbox"/> Done at this hospital by (signature) _____ <input type="checkbox"/> Done at medical association <input type="checkbox"/> Remote reading</p>
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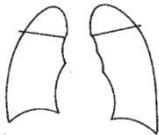
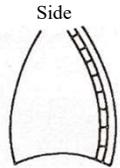
Overall diagnosis (circle one)
 1. No abnormality 2. Requires follow-up examination (expenses will be borne by the patient based on insurance coverage)
 3. Follow-up observation

<p>Follow-up examination details</p> <p>Is this your first time having a follow-up examination? (1) Yes (2) No</p> <p style="text-align: center;">Name of medical institution</p> <p><input type="checkbox"/> I have requested a follow-up examination at another medical institution. ()</p> <p>Write the key code on the second sheet</p>	<p>Primary medical institution name:</p> <p>Doctor name:</p> <p>Telephone number: ()</p>
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Initial chest X-ray findings [Required] <div style="display: flex; justify-content: space-around; align-items: flex-start; margin-top: 10px;"> <div style="text-align: center;"> Front (back to chest)  </div> <div style="text-align: center;"> Side  </div> <div style="border: 1px solid black; padding: 10px; width: 60%; margin-left: auto;"> <p>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.</p> </div> </div> <p>1. No findings 2. Findings (follow-up observation) 3. Findings (suspected lung cancer, requires follow-up examination)</p>			
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			
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