

Minato City Colorectal Cancer Screening Form and Results Report

Attach your colorectal 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
		Telephone Number: ()	

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

- Have you had any changes in your bowel movements recently?
A. No B. Yes (slight constipation / slight diarrhea / thin stools / irregular constipation and diarrhea)
- Have you ever had bleeding from the anus during defecation, or blood/mucous membranes in your stool?
A. No B. Yes ()
- Have you ever had a digestive disease/ailment?
A. No B. Yes esophagus (), stomach, small intestine, large intestine (), anus ()
- Have you ever had a bowel examination?
A. No B. Yes

Month/Year:	X-ray / colonoscopy
Result: (1) No abnormality	(2) Abnormal
- Has anyone in your family had colon cancer?
A. No B. Yes (Relationship: Grandfather / grandmother / father / mother / siblings / uncle / aunt / cousin)
- Have you ever had a colorectal cancer screening (stool test)?
A. No B. Yes (month/year: /) (1) No abnormality (2) Abnormal (Hospital name:)

If the result for the screening is "Requires further examination," then follow the doctor's instructions.
[Signature]

■ Result: Mark the applicable result with a circle.

Day 1	Day 2
Negative (-)	Negative (-)
Positive (+)	Positive (+)
	Not tested

1. No abnormality

For early detection, continue to have regular yearly examinations to check your health. If you have subjective symptoms such as blood in your stool, abdominal pain, or abnormal bowel movements, consult a doctor as soon as possible.

- This examination (fecal occult blood test) was positive, but the colon checkup result was considered to be "no abnormality" because it is considered to be bleeding due to a history of hemorrhoids.

2. Requires follow-up examination (transcribe the 9-digit key code onto the second sheet)

The examination result (fecal occult blood test) was positive (blood in the stool). Further follow-up examinations are required to confirm the diagnosis. **Expenses will be borne by the patient based on insurance coverage.**

Follow-up examination details

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

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

(Name of medical institution:)

Primary medical institution name:

Doctor name:

Telephone number: ()

Ref. No.	
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