

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**

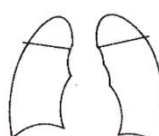
Smoking Index (BI)
 *Filled in by the medical institution.
 Number of cigarettes smoked per day times number of years smoking

*Sputum cytology is limited to individuals aged 50 and over
 Eligible for sputum cytology if smoking index is 600 or higher

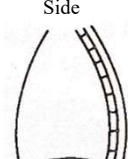
| | | | |
|---|----|-----|---|
| 2. Have you ever had a lung cancer screening? | No | Yes | Date (YYYY/MM): / / Screening result: No abnormality / Abnormal |
| 3. Do you often cough? | No | Yes | 1 time a month or more / 3 times a month or more |
| 4. Do you often cough up phlegm? | No | Yes | Occasionally / 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 |

■ Initial chest X-ray findings [Required]

Front (back to chest)



Side



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


Circle applicable findings

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

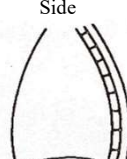
Initial reading (check applicable item):
☐ Conducted at same time as health checkup (1 X-ray taken)
☐ Lung cancer screening only (2 X-rays taken)
 Doctor for initial reading (signature): _____

■ 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

| | |
|---|--|
| <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> <div style="border: 1px solid black; padding: 5px; display: inline-block;"> <input type="checkbox"/> I have requested a follow-up examination at another medical institution. </div> <p>Write the key code on the second sheet</p> | <p>Primary medical institution name:</p> <p>Doctor name:</p> <p>Telephone number: ()</p> |
|---|--|

Ref. No.

(For submission to Minato City)

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

| | | | | | | | | |
|--|--|--|--|--|--|--|--|--|
| | | | | | | | | |
|--|--|--|--|--|--|--|--|--|


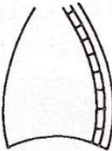


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| | | | |
|--|--|----------------------------|-------|
| Examination Date (YYYY/MM/DD): / / | | | |
| Furigana reading | | Date of Birth (YYYY/MM/DD) | Sex |
| Name | | / / | M / F |
| Tel. No.: () | | | |

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

| | | | | |
|--|----|--|---|---|
| 1. Do you smoke cigarettes? A. No B. I smoked in the past, but quit approx. ____ years ago C. Yes | | Smoking Index (BI) *Filled in by the medical institution. Number of cigarettes smoked per day times number of years smoking | | *Sputum cytology is limited to individuals aged 50 and over ⇒ Eligible for sputum cytology if smoking index is 600 or higher |
| * If you answered B and C: ____ cigarettes/day and ____ cigarettes/year | | | | |
| 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 | |

| | | | |
|--|---|--|---|
| Initial chest X-ray findings [Required] <input type="checkbox"/> First reading, so comparison not possible <input type="checkbox"/> Changes after comparative reading (yes / no) | | Secondary reading chest X-ray findings [Required] | |
| Front (back to chest)  | Side  | 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) | | 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): <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): _____ | | 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 | |

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 <input type="checkbox"/> 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: () |
|---|---|

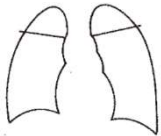
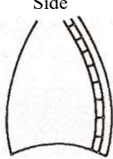
Ref. No.

(For medical institution)

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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) | | | | |
| 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 | | *Sputum cytology is limited to individuals aged 50 and over Eligible for sputum cytology if smoking index is 600 or higher |
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| 8. Has anyone in your family had lung cancer? | No | Yes | Relationship: Grandfather / grandmother / father / mother / siblings / uncle / aunt / cousin | |
| 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. | | |
| 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 <input type="checkbox"/> 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.

(For patient)

2024