

# Minato City Stomach Cancer (Stomach X-Ray Exam) Screening Form and Results Report

Attach your stomach  
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.)

<b>Examination Date (YYYY/MM/DD):</b> /                    /			
Furigana reading		Date of Birth (YYYY/MM/DD)	Sex
Name		/                    /	M / F
Telephone Number: (                    )			

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

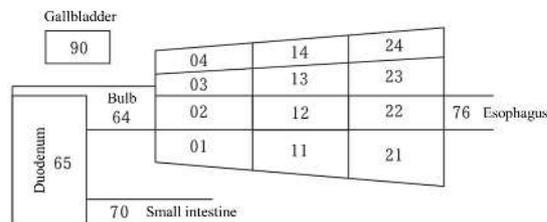
- Have you had any recent abdominal symptoms?  
A. No      B. Yes (symptom: \_\_\_\_\_)
- Have you ever had an abdominal disease?  
A. No      B. Yes (disease name: \_\_\_\_\_)  
(1) Currently undergoing treatment / (2) Finished treatment (yyyy/mm) \_\_\_\_\_
- Have you ever had abdominal surgery?  
A. No      B. Yes (hospital name: \_\_\_\_\_ Date (yyyy/mm): \_\_\_\_\_)
- Has anyone in your family had stomach cancer?  
A. No      B. Yes (Relationship: Grandfather / grandmother / father / mother / siblings / uncle / aunt / cousin)
- Have you ever had a stomach cancer screening?  
A. No      B. Yes (month/year:       /       ) (1) No abnormality (2) Abnormal (Hospital name: \_\_\_\_\_)

## ■ Stomach X-ray findings

1. No findings      2. Findings (circled below)

1	Shadow defect	11	Mucosal abnormality
2	Mass shadow	12	Fold concentration
3	Limbal sclerosis irregularity	13	Giant folds
4	Gastric angle deformity: Open	14	Spherical deformation
5	Barium plaques	15	Extra-gastric pressure
6	Indentation	16	Diverticulum
7	Poor extension	17	Hiatal hernia
8	Pyloric vestibular deformity	18	Gallstones
9	Gastric deformity	19	Calcified image
10	Transparent image	20	Resected stomach
21	Other (                    )		

Changes in a comparative reading:  
Yes / No



Section	Vestibular K	Gastric corpus M	Vault L
Main curve	04	14	24
Front wall	03	13	23
Lesser curve	02	12	22
Rear wall	01	11	21

## ■ Result:

- No abnormality
- Requires follow-up examination (transcribe the 9-digit key code onto the second sheet)
- Follow-up observation

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

Doctor name:  
Telephone number:  
(                    )

Ref. No.