

Minato City Medical Checkup Sheet

[Specified / Basic Health Checkups]

Period: July 1 (Fri) – November 30 (Wed), 2011

Paste the specified health checkup ticket or the basic medical checkup ticket here.

(Please use a BALL POINT PEN and write FIRMLY; this is a set of three carbon copied sheets)

Address 〒 - **Minato City**

Katakana

Name

Date of birth Month Day Year (Age:)

[Tel] Home () Office / Mobile ()

Ticket type			Health insurance card (Insurant ID)	
1 NHI	2 Elderly	3 Basic	Code	Number

Exam Date		Month	Day	Year	
Basic checkpoints (mandatory)					
Type	1	Outpatient			
	2	Visiting [doctor only]			
	3	Visiting [with nurse]			
Height				cm	
Weight				kg	
BMI					
Abdominal circumference	cm	1. Actual measurement 2. Self-measurement 3. Self-reported			
Blood pressure	/			mmHg	
Urine test	Glucose	-	±	+	++ and more
	Protein	-	±	+	++ and more
	Occult blood	-	±	+	++ and more
Basic chemistry test	Neutral fat				mg/dl
	HDL cholesterol				mg/dl
	LDL cholesterol				mg/dl
	AST (GOT)				IU/l
	ALT (GPT)				IU/l
	y-GT (y-GTP)				IU/l

Basic checkpoints (mandatory)					
Blood sugar test	Fasting blood sugar				mg/dl
	Hemoglobin A1c				%
	Time of sampling	1. 10 hours or more after eating 2. Less than 10 hours after eating			
Minato City original checkpoints (doctor's judge)					
Blood test	White cell count				/μl
	Platelet				×10 ⁴ /μl
Original chemistry test	Total cholesterol				mg/dl
	Alkaline Phosphatase				IU/l
	Uric acid				mg/dl
	Uric acid nitrogen				mg/dl
	Creatinine				mg/dl
	Amylase				IU/l
	CPK				IU/l
	Albumin (mandatory for 65 years old and over)				g/dl
X-ray	1	No problem			
	2	Findings			
Notes					

Interview (mandatory)	
Past medical history	1. Yes 2. No If it is "1. Yes," circle proper numbers in the following column 1. High blood pressure 2. Diabetes 3. Dyslipidemia 4. Stroke 5. Heart disease 6. Kidney failure 7. Anemia 8. Others ()
	1. Yes 2. No If it is "1. Yes," circle proper numbers in the following column 1. Palpitation and shortness of breath 2. Insomnia 3. Stiff shoulders and back pain 4. Numbness in a limb 5. Headache and ringing ears 6. Diarrhea 7. Constipation 8. Others ()
	1. Yes 2. No If it is "1. Yes," circle proper numbers in the following column 1. Palpebral conjunctival pallor 2. Edema 3. Heart murmur 4. Arrhythmia 5. Lung murmur 6. Others ()

Test results		
Result of MS Test (Circle a proper number)	1	Metabolic syndrome
	2	Pre-metabolic syndrome
	3	No metabolic syndrome

[Drug administration upon the result]

Circle proper diseases

High blood pressure Diabetes Dyslipidemia

Result for each section

1 No problem
2 Advice needed or consultation requested
(Circle a proper number for each item)

Blood pressure	1 Advice needed 2 Doctor consultation needed (including treatments)
Anemia	1 Advice needed 2 Doctor consultation needed (including treatments)
Liver disease	1 Advice needed 2 Doctor consultation needed (including treatments)
Diabetes	1 Advice needed 2 Doctor consultation needed (including treatments)
Heart disease	1 Advice needed 2 Doctor consultation needed (including treatments)
Kidney disease	1 Advice needed 2 Doctor consultation needed (including treatments)
Obesity	1 Advice needed 2 Doctor consultation needed (including treatments)
Dyslipidemia	1 Advice needed 2 Doctor consultation needed (including treatments)
Hyperuricemia	1 Advice needed 2 Doctor consultation needed (including treatments)
Others	1 Advice needed 2 Doctor consultation needed (including treatments)

Disease name

Extra checkpoints		Reasons for extra test (Circle a proper number)	
Anemia test	Red blood cell count	×10 ⁴ /μl	1. Possible specified elderly
	Hemoglobin	g/dl	2. With medical history of anemia or with suspicion of anemia by inspections
	Hematocrit	%	3. Doctor's judge

ECG	1	No problem	1. Possible specified elderly
	2	Findings	2. All the checkpoints of the health checkup in the previous year are applied
	Notes		3. Doctor's judge

Funduscopy	1	Requesting funduscopy of a designated ophthalmologist	1. All the checkpoints of the health checkup in the previous year are applied
	2	Performing funduscopy at the same clinic	2. Doctor's judge

Funduscopy	Type	Funduscope	1. Both eyes					
		Camera	2. One eye 3. Both eyes					
	Results	KW	0	I	II a	II b	III	IV
		SCHIE(H)	0	I	II		III	IV
SCHIE(S)		0	I	II		III	IV	
Diabetic retinopathy	1 No retinopathy 2 Simple diabetic retinopathy 3 Proliferative diabetic retinopathy 4 Proliferative diabetic retinopathy							

Medical institution in charge

Name

Physician's name

Tel ()

Reference No.