

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			/ /
			Telephone Number: ()

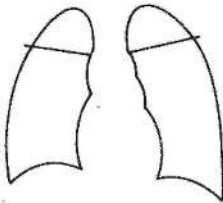
[Questionnaire] (Please circle or fill in applicable items)

<p>1. Do you smoke cigarettes? A. No B. I smoked in the past, but quit approx. ____ year ago C. Yes * If you answered B and C: ____ cigarettes/day and ____ cigarettes/year</p>	<p>Smoking Index (BI) * Sputum cytology is limited to individuals aged 50 and over</p> <p>*Filled in by the medical institution. Number of cigarettes smoked per day times number of years smoking Sputum cytology is required if smoking index is 600 or higher.</p>
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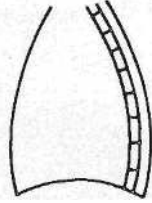
2. Have you ever had a lung cancer screening?	No	Yes	Date (YYYY/MM): /	Screening result: No abnormality / Abnormal
3. Do you often cough?	No	Yes	1 time a month or more / 3 times a month or more	
4. Do you often cough up phlegm?	No	Yes	Occasionally / frequently	
5. Do you sometimes have blood in your 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] □ Changes in comparative reading: Yes/No

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)

(Check applicable item)

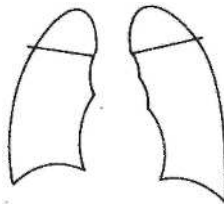
☐ Conducted at same time as health checkup (1 x-ray taken)

☐ Lung cancer screening only (2 x-rays taken)

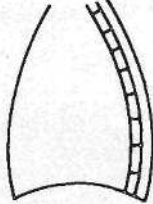
Doctor for initial reading (signature): _____

■ 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><input type="checkbox"/> I have requested a follow-up examination at another medical institution. ()</p> <p style="text-align: center;">Name of 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.