

Attach your
stomach cancer checkup ticket
(w/ available endoscope / X-ray)
here

(Firmly write with a ballpoint pen so your information shows up on the duplicate pages behind this.)

Ref. No.

If you wish to undergo a gastroscopy, please read the **consent form on page 5**, sign it, and submit it to the medical institution. If you do not submit a **consent form**, you will not be able to have a medical exam

Letter of consent

If you want to go through a screening for stomach cancer (**gastrofiberscopy**), you need to seek explanations on the following matters and give your signature below.

【Purposes and methods of screening for stomach cancer】

A screening for stomach cancer aims to detect stomach cancer as early as possible while the patient does not still have symptoms and to start its treatment. The methods used for screening are divided into screening conducted using barium (gastric X-ray examination) and screening conducted using endoscope (gastrofiberscopy). Both methods have been proven to be effective. Moreover, the two methods have their advantages and disadvantages.

【Method of gastrofiberscopy】

A screening using gastrofiberscopy is conducted by inserting a gastroendoscope from the mouth or nose to observe the patient's esophagus, stomach and duodenum from the inner cavity and to find a disease. The examination is conducted under local anesthesia of the throat and the nose and no analgesics or sedatives are used.

In case where any abnormality is found, a part of the lesion may be pinched (biopsy) to check cells. Moreover, pigments may be dispersed to help a lesion to be found easily.

It should be noted that you are eligible for a screening for stomach cancer provided by Minato City without charge. However, in case where a biopsy is conducted, you must cover its cost separately as health insurance treatment. We advise you to bring your health insurance card on the day of screening.

Moreover, mucosa will be damaged by the biopsy. We recommend you to eat soft and easy-to-digest food on the day of biopsy and to refrain from doing strenuous exercise, staying in the bath tub for long time or travelling.

【Occasional symptoms】

The frequency of occasional symptoms in the case of gastrofiberscopy is reported to be 78 per 100,000 screenings according to a nationwide survey. These cases include minor symptoms such as basal bleeding and hospitalization. Currently, there is no fatal case caused by gastrofiberscopy. However, there is a fairly-infrequent possibility of death.

Gastrofiberscopy may cause any of the following occasional symptoms.

- (1) Damage of mucosa, bleeding or perforation by gastrofiberscopy
- (2) Bleeding or perforation by biopsy
- (3) Allergy caused by drugs (respiratory distress, reduction in blood pressure, etc.)
- (4) Deterioration of a disease the patient has had since before the examination (including diseases that did not present any symptoms)

This institution shall exercise due care to prevent any occasional symptom and, in cases where any occasional symptom appears, we promise that we do our best efforts to address such symptom.

(Month/Day/Year) / / **Name of doctor who gave explanations:** _____

I hereby affirm that I have received and fully understood explanations on the above matters and agree to the execution of a screening test.

(Month/Day/Year) / / _____

Signature of examinee: _____

Signature of representative of examinee: _____ **(Relationship)** _____

(For medical institution)

***Please fill in this Letter of Consent with a fountain pen, because there are two copies.**

Consultation form of screening for stomach cancer conducted by Minato Ward

(Gastrofiberscopy)

Please write down your answers or circle applicable numbers with a ballpoint pen.

Date of consultation (Month/Date/Year) / /			
Name		Date of birth (Month/Day/Year)	Sex
		/ / (Age:)	Male Female
	Phone number:		
History of screening for stomach cancer	Have you ever gone through a screening for stomach cancer? 【 Yes / No 】 If your answer is Yes, when was it and what type? <u>Month/Year</u> (Gastric X-ray examination / Gastrofiberscopy) What was the result of that screening? (No abnormality found / Abnormality found) If any abnormality was found, what did the doctor tell you? (Name of disease:)		
Medical history	Have you ever suffered from upper gastrointestinal disease? 【 Yes / No / I don't know 】 1. Gastric ulcer 2. Duodenal ulcer 3. Gastric polyp 4. Stomach cancer 5. Esophagus cancer 6. Reflux esophagitis 7. Gastritis 8. Others ()		
	Have you ever had any abdominal surgery? 【 Yes / No / I don't know 】 1. Stomach 2. Gallbladder 3. Pancreas 4. Liver 5. Large bowel 6. Others ()		
	Have you ever gone through an examination of helicobacter pylori? 【 Yes / No / I don't know 】 <u>Year/Month</u> 1. Positive 2. Negative 3. Unknown		
	Have you ever gone through eradication of helicobacter pylori? 【 Yes / No / I don't know 】 <u>Year/Month</u> 1. Successful 2. Unsuccessful 3. Unknown		
	Do you suffer from any of the following diseases? 【 Yes / No / I don't know 】 1. Heart disease 2. High-blood pressure 3. Glaucoma 4. Hyperthyroidism 5. Prostatic enlargement 6. Diabetes		
	Have you ever suffered from any of the following disease? 【 Yes / No / I don't know 】 1. Sinusitis 2. Nasal polyp 3. Allergic rhinitis		
	Have you ever had a surgery of nasal cavity? 【 Yes / No / I don't know 】		
State of medication	Currently, do you take any antithrombogenic agent (warfarin, bufferin, etc.)? 【 Yes / No 】 Type of medicine ()		
	Are you currently under treatment for high-blood pressure? 【 Yes / No 】 Type of medicine ()		
	Do you take any medicine regularly other than those mentioned above? 【 Yes / No 】 Type of medicine ()		
	Are you allergic to any medicine? 【 Yes / No / I don't know 】 Type of medicine ()		
	Have you ever been under anesthesia for dental treatment? 【 Yes / No 】 Did you experience any problem? 【 Yes / No / I don't know 】		
Life style	Do you smoke? 1. Never 2. I currently smoke. 3. I used to but quit smoking.		
	Do you drink alcohol? ※ Does your face become red when you drink? 【 Yes / No 】 1. Rarely (I can't drink) 2. Sometimes 3. Every day		
	Do you have any false tooth? 【 Yes / No 】		
Subjective symptom	Do you have any of the following symptoms? 1. Weight loss 2. Lack of appetite 3. Abdominal pain 4. Heartburn 5. Belch 6. Heavy feeling in the stomach 7. Feeling of food stuck in the stomach 8. Black stool 9. Blood vomiting 10. Constipation 11. Discomfort/pain in the pit of the stomach 12. Others ()		
Family history	Do you have any family member who suffers from cancer? 【 Yes / No 】 <u>Relationship:</u> <u>Name of disease (organ):</u>		