Minato City Larynx Cancer Screening Form and Results Report

Attach your larynx cancer checkup ticket here

Ref. No.

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 ballooint pen so your information shows up on the duplicate pages behind this.)

Examination Dat	e (Y	YYY/							
			· · · · · · · · · · · · · · · · · · ·	٠,٠		/ /			
Furigana reading						Date of Birth (YYYY/MM/DD)			Sex
Name						,	/ /	1	M / F
Name						Telephone Number: ()	
Number of cigarettes smoke Individuals whose result for	_			-	-			ro oligiblo. Plag	sa nata
that individuals under this						of years smoking) is ooo	or more a	i e engible. i lea	ise note
[Questionnaire] (Please	circle	or fill in	n applicabl	e items))				
1. Do you often use your v				No No		ccupation:)	
2. Do you drink alcohol?	oice iii	your wor	к.	No		equency and amount, etc)	
2. Do you urink aconor.)		110	1 65 (11)	equency and amount, etc	••		
3. Do you have any of the	followi	ng sympt	oms?						
Hoarse voice			Yes (from _			Sore throat	No	Yes (from	_months ago)
Feeling something is stuck	in thro					Coughing	No	Yes (from	
Choking while eating			Yes (from _			Amount of phlegm	-		months ago)
Blood in phlegm			Yes (from _		•	Phlegm keeps coming	No	-	_ months ago)
Lump on your neck			Yes (from _			Nasal symptoms	No	\	_ months ago)
Side effects of drugs such a		hetics No	Yes (nam	e of drug) Don't l	know	
Other worrisome symptom)
4. Have you ever had an ea					-				
5 H	No			ie:)			
5. Have you ever been scre	ened 1 No	-	cancer? (years ag	·o)					
6. Has anyone in your fam				,0)					
o. mas anyone in your fam	No No	-		o: Grandf	ather / gr	andmother / father / moth	ner / siblin	gs / uncle / aun	t / cousin)
Would you like to visit a si	moking							C	,
Result (illustration and exp		•		erscope f	indings a	nd neck palpation finding	gs)		
(circle the number for the									
	1	Larynx							
Acute laryngitis 8 Vocal cord fissure							9		
Chronic laryngitis 9 Vocal cord atrophy Vocal cord polyp 10 Recurrent larynx nerve									
Vocal cord polyp	10	palsy	nt iarynx n	erve	e.	/ W		() 1	//
Polypoid vocal cords	11		rynx disea	se:					
Vocal nodules	111	other id	iryiin dised			~~			
v ocur nources	12	Non-lar	ynx diseas	e.					
	-	T (OII IGI)	Jim diseds						
. No abnormality		2	. Require	s follov	w-up ex	kamination (transcribe	the 9-digit	key code onto tl	ne second sheet)
. Follow-up observation	on		•		1	•		•	,
ollow-up examination de	tails				Ī	Primary medical insti	itution n	ame.	
☐ I have requested a i		-iin exar	nination		1	Timary medical msu	itution ne	arric.	
at another medical									
				_	I	Doctor name:			
(Name of medical in	sututio	111:)	1	Joenor Harrie.			