

Minato City Medical Checkup Sheet

[Special health checkup • Basic health checkup • Age 30 health checkup]

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

| | |
|---|---|
| Name | Address 〒 <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Minato City |
| Date of birth M · F Month Day Year (Age:) | |
| [Tel]Home () Mobile () | |

| | | | |
|-------------|--------------|-------------------------------------|--------|
| Ticket type | | Health insurance card (Insurant ID) | |
| 1 NHI | 2 Elderly | Code | Number |
| 3 Basic | 4 Age 30 | | |

| | | | |
|-----------|-------|-----|------|
| 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 | <small>1. Actual measurement 2. Self-measurement 3. Self-reported</small> |
|-------------------------|----|---|

| | |
|----------------|------|
| 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 |
| | non-HDL cholesterol | mg/dl |
| | AST (GOT) | U/l |
| | ALT (GPT) | U/l |
| | γ-GT (γ-GTP) | U/l |

| Basic checkpoints (mandatory) | |
|------------------------------------|--|
| Blood sugar test | Blood sugar mg/dl |
| | HbA1c (NGSP) % |
| Blood collection time (After meal) | * Circle either 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 U/l |
| | Uric acid mg/dl |
| | Uric acid nitrogen mg/dl |
| | Amylase U/l |
| | CPK U/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 () |

| | |
|--------------------|---|
| Subjective symptom | 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 6. Diarrhea 7. Constipation 8. Others () |

| | |
|-------------------|--|
| Objective symptom | 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) |

| Extra checkpoints | |
|-----------------------|---|
| Anemia test | Red blood cell count × 10 ⁴ / μl |
| | Hemoglobin g/dl |
| | Hematocrit % |
| Serum creatinine test | Serum creatinine level mg/dl |
| | eGFR ml/min/1.73 m ² |

| Reasons for extra test (Circle a proper number) | |
|---|--|
| 1. Person is eligible for the care prevention program | |
| 2. Person has a history of anemia or suspected anemia by clinical examination | |
| 3. Person judged eligible by doctor | |

| | | |
|-----|-------|------------|
| ECG | 1 | No problem |
| | 2 | Findings |
| | Notes | |

| | |
|---|--|
| 1. Person is eligible for the care prevention program | |
| 2. Person meets all criteria or has suspected arrhythmia upon medical interview | |
| 3. Person judged eligible by doctor | |

| | | | | | | | |
|----------------------|---------|--|--------------------------|----|------|------|-----|
| Funduscopy | 1 | Designated ophthalmologist requested to perform funduscopy | | | | | |
| | 2 | Funduscopy performed at the same medical institution | | | | | |
| | Type | Funduscope | 1. Both eyes | | | | |
| | | Camera | 2. One eyes 3. Both eyes | | | | |
| | Results | K W | 0 | I | II a | II b | III |
| SCHEIE (H) | | 0 | I | II | III | IV | |
| SCHEIE (S) | | 0 | I | II | III | IV | |
| Diabetic retinopathy | | 1. No retinopathy 2. Simple diabetic retinopathy 3. Preproliferative diabetic retinopathy 4. Proliferative diabetic retinopathy | | | | | |

| | |
|-------------------------------------|--|
| 1. Person meets all criteria | |
| 2. Person judged eligible by doctor | |
| Medical institution in charge | |
| Name | |
| Physician's name | |
| Tel () | |

| | |
|---------------|--|
| Disease name | |
| Reference No. | |