Minato City Breast Cancer Screening (Clinical Examination) Registration Card and Screening Report

Date of screening	(Day) (Month) (Year)

	Last	First		
Name			Date of birth	Showa (Day) (Month) (Year) (years old)
			Tel. ( )	

[Medical history] Please insert a check where appropriate ☑, or fill in the blank.

■ Have you previously undergone a breast cancer screening? 1. No 2. Yes (Month Year)(Results □Healthy □Irregularities)

■ Medical history

1. Mammary gland disease □ No □ Yes ( ) [years old]
2. Gynecological disease □ No □Yes ( ) [years old]
3. Surgery □ No □Yes (□Uterus □Ovary □Breast implants □Cardiac pacemaker □Other)
4. Hormone treatment □ No □ Yes (Name of medication:)
5. Other □ No □ Yes ( )

■ Do you currently have any concerns about your breast condition?

1. No 2. Yes □ Lumps □ Pain □ Secretion □ Other ( )
   ⟹ Since when? ( )

■ Menstruation

1. Age of first period ____ years old Age of menopause ____ years old 2. Cycle □ Regular [days] □ Irregular
3. When was your last period? (Day Month Year ～ days)

■ Pregnancy/Childbirth

1. No 2. Yes No. of times of pregnancy _____ times No. of times of childbirth _____ times
   Age of first birth _____ years old Age of last birth _____ years old
   ・What was the main feeding method? □ Breast-feeding □ Mixture □ Bottle-feeding

■ Do you conduct self-examination for breast cancer? 1. Once a month 2. Sometimes 3. Never

■ Are you currently using any oral contraception? 1. No 2. Yes (Period: Since (Month) (Year))

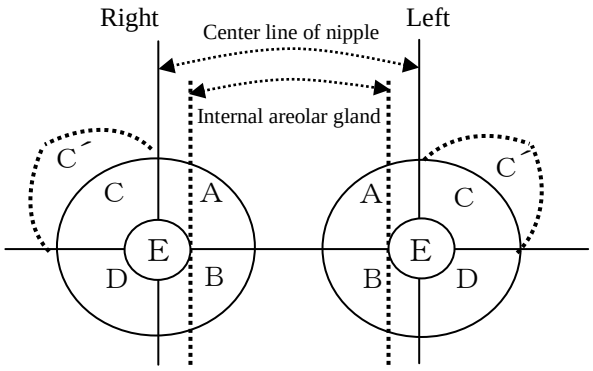
■ Family medical history

1. Cancer □ No □ Yes ⇨ [Breast cancer (Grandmother / Mother / sister / Daughter / Aunt)
   Uterine cancer (Grandmother / Mother / sister / Daughter / Aunt)
   Other cancer ( )]
2. High blood pressure
3. Diabetes
4. Other ( )

【Clinical examination】

Mammary gland findings □Healthy □Irregularities

Tumor mass 1) Position (right diagram)



2) Size Right × cm
   Left × cm
3) Shape □Sphere □Egg □Irregular
4) Hardness □Hard □Springy □Soft □Ripples
5) Surface □Smooth □Uneven
6) Boundaries □Clear □Unclear
7) Mobility □No □Yes
8) Signs of dimples □No □Yes

Entire mammary gland □Swelling □Changes in hardness □Changes in granular shape

Nipple findings □Healthy □Irregularities ○Sores ・No ・Yes
○Deformation ・No ・Yes
○Abnormal secretions ・No ・Yes (Milky・Bloody・Purulent)

Skin findings □Healthy □Irregularities (・Redness ・Swelling ・Recess ・Bulge ・Ulcer)

Lymph nodes □Healthy □Irregularities Part Right (Axilla・Subclavian・Supraclavicular・Neck)
Left (Axilla・Subclavian・Supraclavicular・Neck)
Hardness ・Hard ・Soft
Adhesion ・Yes ・No

■Overall findings

1. Detailed exam not needed 2. Detailed exam needed

Medical institution where primary screening was conducted

Physician name:
Tel: ( )

Detailed exam ＊History of detailed exam 1. 1st time 2. Not 1st time

□ A second medical institution has been requested to conduct a detailed exam. [Medical institution referred to]

(For patient)

Ref. No.	