Colorectal cancer screening conducted by Minato City
Consultation form and report of results

Please attach an examination card for colorectal cancer screening

※ A person who requires consultation must fill in data within the heavy lines
(Please write down **firmly with a ballpoint pen**. There are three copies)

Date of examination (Month/Day/Year): / /

Name in katakana			Date of birth (Month/Day/Year)	Sex
Name			/ / (Age:)	Male Female
			TEL:	

【Questions】(Please circle or fill in applicable answers)

1. Have you noticed any change in bowel movement?
   a. No b. Yes (constipation, diarrhea, slim feces, irregular constipation or diarrhea)
2. Have you had bleeding from the anus at the time of bowel movement or seen blood or mucosa on feces?
   a. No b. Yes ( )
3. Have you ever suffered from any digestive disease?
   a. No b. Yes: Stomach, Duodenum, Esophagus ( ), Large intestine ( ), Anus ( )
4. Have you ever gone through a bowel examination?
   a. No b. Yes: _____/_____(Month/Year) X-ray, fiberscope
   Results: ① No abnormality found ② Abnormality found
5. Do you have any blood relative who suffered from colorectal cancer?
   a. No b. Yes (Relationship: Grandfather, grandmother, father, mother, brother/sister, uncle, aunt, cousin)
6. Have you gone through a colorectal cancer screening (feces examination)?
   a. No b. Yes: _____/_____(Month/Year)
   ① No abnormality found ② Yes (Name of disease:)

■ **Results** (Please circle applicable results)

First day	Second day
Negative (-)	Negative (-)
Positive (+)	Positive (+)
	Examination not conducted

1. No abnormality found
However, we recommend you to check your health conditions on a regular basis by going through a colorectal cancer screening every year. If you have any subjective symptom such as blood feces, abdominal pains or irregular bowel movement, please see a doctor as early as possible.

☐ Although the result of this examination (fecal occult blood test) was "positive", you are considered to have "no abnormality", because bleeding is thought to have been caused by a previous history such as "hemorrhoid".

2. Detailed examination required
As a result of this examination (fecal occult blood test), the result was "positive (feces with blood)". It will be necessary to confirm the diagnosis by means of a detailed examination. The patient shall pay the cost for detailed examination under health insurance treatment.

Detailed examination ※For summary of detailed examination results
History of detailed examination 1. First time 2. Not first time

☐ I ordered another medical institution to conduct a detailed examination.

Name of medical institution that is requested to conduct a detailed examination

Name of medical institution that carried out the primary screening:

Name of doctor:

TEL:

(Submitted to Minato Ward)

Reference number	