

Minato City Lung Cancer Screening Consultation Sheet and Report

Please paste the lung cancer screening consultation ticket here.

***To undergo screening, Please complete the fields in the bold frame.**

(Please use a ballpoint pen and press down firmly while writing as you are making three copies.)

Date of screening:		Year	Month	Day		
Name	Last	First		Date of birth (Please write below)		Gender
				Year	Month	Day
				(years old)		M / F
Tel: ()						
【Medical History】 (Please insert a "o" or fill in the blank with an appropriate answer.)						
1. Are you a smoker? Smoking index (BI) a. I am not a smoker. b. I used to smoke, but quit about _____ years ago. c. I am a smoker.						
			*For use by the medical institution No. of cigarettes smoked per day × No. of years of smoking		The patient will be targeted for sputum cytology if the smoking index is 600 or higher.	
*Those who selected b or c → _____ cigarettes per day for _____ years						
2. Have you been screened for lung cancer before?	No	Yes	Year Month Results: No abnormalities / Abnormal			
3. Do you cough frequently?	No	Yes	1 month or more / 3 months or more			
4. Do you produce phlegm frequently?	No	Yes	Sometimes / Frequently			
5. Has there ever been blood mixed in with your phlegm?	No	Yes				
6. Have you ever suffered from any respiratory diseases?	No	Yes	Pulmonary tuberculosis Chest (rib) meningitis Chronic bronchitis Pneumonia Asthma Suspected lung tumor Other ()			
7. Have you ever been in an environment or workplace that could have had an impact on your respiratory system?	No	Yes	Occupation/Environment _____ Period: Approx. _____ years			
8. Have any of your blood relatives suffered from lung cancer?	No	Yes	Relationship: Grandfather / Grandmother / Father / Mother / Siblings Uncle / Aunt / Cousin			

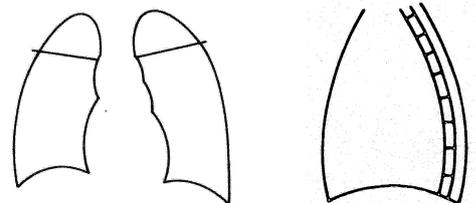
Front

Side (R→L)

■Results of chest X-ray (Circle the number corresponding to the result of the X-ray.)

1. No findings
2. Findings (Follow-up)
3. Findings (Suspicion of lung cancer. Detailed examination required.)

- One film taken during lung cancer screening
 Two films taken during lung cancer screening (Please tick off all applicable boxes.)



※Generally, those with a smoking index of 600 and above will be subjected to sputum cytology.

■Opinion on sputum cytology (Circle the letter corresponding to the opinion.)

A	B	C	D	E
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Category

- A: Inappropriate material
 B: No abnormality is found at this moment. / Next periodic examination
 C: Follow-up
 D: Detailed examination required
 E: Detailed examination required / treatment required

■Overall results

- 1. No abnormalities** **2. Requires detailed examination** (Expenses will be borne by the patient based on health insurance treatment.) **3. Follow-up observation**

About the detailed examination

*Screening history used for summarizing results of detailed examination **1. First time** **2. Not first time**

- A different medical institution has been requested to carry out the detailed examination.

Name of medical institution: _____

Medical institution of initial screening: _____

Physician: _____

Tel: ()

(For submission to Minato City)

Ref. No. _____