

Minato City Breast Cancer Screening (Mammography) Registration Card and Screening Report

*Please complete the fields in the box. (Please use a ballpoint pen and press down firmly as you write to make three copies.)

Please paste the mammography examination ticket here.
Persons aged 40 years or over are eligible for mammography

Date of screening	(Day) (Month) (Year)	Mammography number	No.
Name	Last	First	Date of birth
			1: Meiji 2: Taisho 3: Showa (Day) (Month) (Year) (years old)
Tel. ()			

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

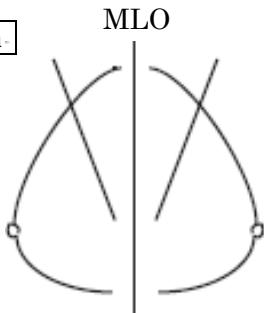
- Have you previously undergone a breast cancer screening? 1. No 2. Yes (Month Year) (Results Healthy Irregularities)
- Medical history
 - 1. Mammary gland disease No Yes () [years old]
 - 2. Gynecological disease No Yes () [years old]
 - 3. Surgery No Yes (Uterus Ovary Breast implants Cardiac pacemaker 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)
 - 2. High blood pressure (Grandmother / Mother / sister / Daughter / Aunt)
 - 3. Diabetes ()
 - 4. Other ()

1st mammogram

【 Right 】

Category

- 1
- 2
- 3
- 4
- 5



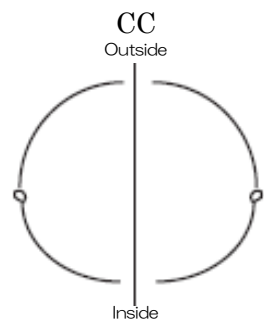
【 Left 】

Category

- 1
- 2
- 3
- 4
- 5

【Findings】

- Tumor mass
- Calcification
- FAD
- Architectural disturbance
- Other



【Findings】

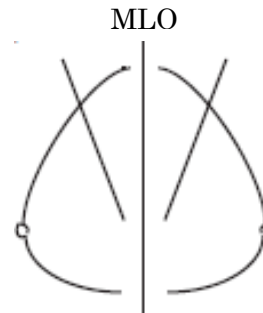
- Tumor mass
- Calcification
- FAD
- Architectural disturbance
- Other

2nd mammogram

【 Right 】

Category

- 1
- 2
- 3
- 4
- 5



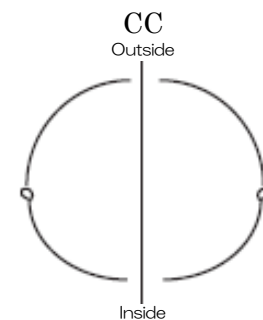
【 Left 】

Category

- 1
- 2
- 3
- 4
- 5

【Findings】

- Tumor mass
- Calcification
- FAD
- Architectural disturbance
- Other



【Findings】

- Tumor mass
- Calcification
- FAD
- Architectural disturbance
- Other

Doctor for 1st mammogram

Doctor for 2nd mammogram

Diagnosis

- 1. Detailed exam not needed
- 2. Detailed exam needed

Detailed exam (Fill in only when necessary) (Medical institution referred to)

- A second medical institution has been requested to conduct a detailed exam.

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

Medical institution where primary screening was conducted

Physician name:
Tel: ()

(For submission to Minato City)

Ref. No.