

# Minato City Larynx Cancer Screening Sheet

Paste the larynx cancer screening card ticket here.

**\*To those who have this exam, please fill out the space and answer the questions inside the bold frame.**

Exam date: <b>Month</b>	<b>Date</b>	<b>Year</b>	(Please use a ball point pen and write firmly; this is a set of three carbon copied sheets.)	
Name			Date of birth	
			Month	Day
			Year (Age: )	Sex
			Tel. (      )	

**[Questionnaire]** (Please circle appropriate answers, or fill out the space.)

**1. Do you often use your voice for your business?** No • Yes (Your job \_\_\_\_\_)

**2. Cigarette**

- a. No cigarette
  - b. Less than 20 cigarettes a day
  - c. 20 and more cigarettes a day
  - d. Stopped smoking about \_\_\_\_\_ years ago
- } \_\_\_\_\_ cigarettes for \_\_\_\_\_ years

Smoking status (BI)

\* For clinic use only  
No. of cigarettes smoked per day × No. of years of the habit

**3. Do you drink some alcohol?** No • Yes ( Amount • Number of times )

**4. Your current conditions**

- |   |                            |                                |                                     |
|---|----------------------------|--------------------------------|-------------------------------------|
| Hoarse voice  | No • Yes (From months ago) | Sore throat                    | No • Yes (From months ago)          |
| Feeling that something is stuck in the throat       | No • Yes (From months ago) | Cough                          | No • Yes (From months ago)          |
| Choking on food or drink                            | No • Yes (From months ago) | Amount of phlegm               | Not much • Excess (From months ago) |
| Phlegm with blood                                   | No • Yes (From months ago) | Phlegm sticking to your throat | No • Yes (From months ago)          |
| Lump in the neck                                    | No • Yes (From months ago) | Nose irritation                | No • Yes (From months ago)          |
| Side effect of medicines including anesthetic drugs | No • Yes (Drug name _____) | ) • Don't know                 |                                     |
| Other peculiar symptoms (      )                    |                            |                                |                                     |

**5. Have you ever had serious diseases of ear, nose and throat, and others before?**  
No • Yes (Disease name \_\_\_\_\_)

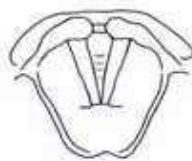
\* For clinic use only  
Reasons for having the exam even if all the answers indicate "No."

**6. Have you ever had a laryngeal cancer exam before?**  
No • Yes ( \_\_\_\_\_ years ago)

**7. Has anyone related to you by blood ever developed laryngeal cancer?**  
No • Yes (Relationship: Grandfather, Grandmother, Father, Mother, Sibling, Uncle, Aunt, Cousin)

**■ Result** (Findings by pharyngoscope or fiberscope, and graphic display and explanation of findings by palpating the patient's neck (Circle the number of an appropriate disease.)

1	Laryngeal tumor	7	Laryngeal cyst
2	Acute laryngitis	8	Sulcus vocalis
3	Chronic laryngitis	9	Vocal fold atrophy
4	Vocal fold polyp	10	Recurrent nerve paralysis
5	Polypoid vocal fold	11	Other laryngeal diseases
6	Vocal fold nodule		(      )
		12	Diseases other than laryngeal diseases
			(      )



1. No problem    2. Abnormal (The scan is necessary.    Follow-up)

\* The scan cost should be individually paid based upon health care services.

**Scanning**

We requested the scan to the following clinic

( Name of the medical institution )

Name of medical institution for primary exam

Physician in charge

Tel. (      )

Ref. No.     

(To Minato City)