Screening for stomach cancer conducted by Minato City
Consultation form (gastric X-ray examination) and report of results

Please attach an examination card of screening for stomach cancer (X-ray examination)

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

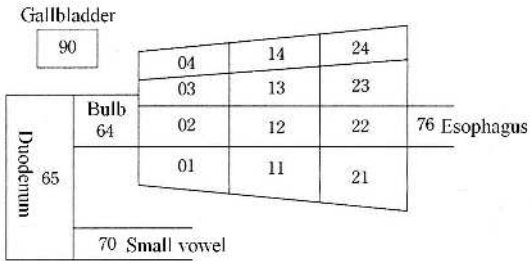
Questions (Please circle or fill in applicable answers)

1. Have you had any symptom in the abdomen recently?
   a. No b. Yes (Symptom:)
2. Have you ever had any gastric disease?
   a. No b. Yes (Name of disease:)
   ① Under treatment ② Treatment finished: (Month/Year) /
3. Have you ever had any surgery in the abdomen?
   a. No b. Yes (Name of disease: (Month/Year) /)
4. Do you have any blood-related relative who suffered from stomach cancer?
   a. No b. Yes (Relationship: Grandfather, grandmother, father, mother, brother or sister, uncle, aunt or cousin)
5. Have you ever gone through a screening for stomach cancer?
   a. No b. Yes (Month/Year) /
   ① No abnormality found ② Abnormality found (name of disease:)

■ Finding of gastric X-ray photography

1. No finding 2. Finding (Please circle numbers of applicable regions/findings)

1	Filling defect	11	Mucosal abnormality
2	Mass shadow	12	Concentration of folds
3	Marginal hardened irregularity	13	Giant folds
4	Gastric angular deformation: Opened	14	Bulb deformation
5	Barium plaque	15	Non-gastric compression
6	Indentation	16	Diverticulum
7	Extension defect	17	Hiatal hernia
8	Pyloric antrum deformation	18	Gallstones
9	Gastric deformation	19	Calcification image
10	Radiolucent image	20	Gastric resection
21	Others ( )		



Category	Antrum Ⓚ	Gastric body Ⓜ	Fundus Ⓛ
Greater curvature	0 4	1 4	2 4
Anterior wall	0 3	1 3	2 3
Lesser curvature	0 2	1 2	2 2
Posterior wall	0 1	1 1	2 1

■ Results

1. No abnormality is found
2. Detailed examination required (the examinee shall pay costs based on health insurance treatment)
3. Follow-up

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 City)

Reference number	