

《Medical Checkup》 Appointment details & Special health checkups and Special health-maintenance guidance, and Stomach ABC screening Questionnaire

Health Insurance Code and Number : -	Date of Birth :
Name of Medical Examinee : (Relationship:	Age on the last day of the fiscal year (March 31) :

Appointment details

Name of Medical Institution																																		
Date of Appointment for checkup																																		
Checkup Course, incl. option tests	<p>【Basic Courses】 Select one corresponding to your age. ※Some basic courses and some medical institutions require your self-payment (cash or points). In detail, refer to the Contracted Medical Institutions List.</p> <table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 10%;">Check</th> <th style="width: 60%;">Basic Courses</th> <th style="width: 30%;">Eligibility</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td>[complete] health checkups + Upper endoscope</td> <td rowspan="2">32 or over</td> </tr> <tr> <td><input type="checkbox"/></td> <td>[complete] health checkups + Stomach x-ray</td> </tr> <tr> <td><input type="checkbox"/></td> <td>[general] health checkups</td> <td rowspan="3">23-31</td> </tr> <tr> <td><input type="checkbox"/></td> <td>[general] health checkups + Upper endoscope</td> </tr> <tr> <td><input type="checkbox"/></td> <td>[general] health checkups + Stomach x-ray</td> </tr> </tbody> </table>			Check	Basic Courses	Eligibility	<input type="checkbox"/>	[complete] health checkups + Upper endoscope	32 or over	<input type="checkbox"/>	[complete] health checkups + Stomach x-ray	<input type="checkbox"/>	[general] health checkups	23-31	<input type="checkbox"/>	[general] health checkups + Upper endoscope	<input type="checkbox"/>	[general] health checkups + Stomach x-ray																
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How to pay the self-payment ※Please select one. ※Some medical institutions cannot be available to either payment.	<input type="checkbox"/> Cash (Pay directly to the medical medical institution on the health checkup day.) <input type="checkbox"/> Point ※If you do not have enough points to pay the self-payment, pay the excess portion directly to the medical medical institution on the health checkup day.																																	
Transcript of results ※Please select one.	<input type="checkbox"/> Japanese <input type="checkbox"/> English																																	
Address (to which the examination kit and results will be sent) ※Please ensure you include the postal code.																																		
Telephone number ※There will be direct communication from the Medical Institution. Please designated a day-time telephone number.																																		
Method for sending the 'Confirmation Slip for Medical Checkup' ※Please select one and draw a circle in the necessary items.	<input type="checkbox"/>	e-mail (mail address :)																																
	<input type="checkbox"/>	Fax ()																																
	<input type="checkbox"/>	Post (Will be sent to the above address)																																

★Important★ Results of Medical Checkup Report
 ※Application for medical checkup cannot be made without consent to submit to the Health Insurance Society. 「✓」 must be inserted.
 I agree to the Medical Institution providing the results of the medical checkup (including repeated checkups) to the Health Insurance Society.

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[Special health checkups and Special health-maintenance guidance] Questionnaire ※Please select appropriate answer.

1-3	Are you currently taking any medication from 'a' to 'c' ? ※Only the case in taking medication under the guidance of doctor's	
a	Medication to lower your blood pressure	① Yes ② No
b	Medication to lower your blood sugar level, or taking insulin shots	① Yes ② No
c	Medication to lower your cholesterol or neutral fat levels	① Yes ② No
4	Have you ever been diagnosed with a stroke (cerebral hemorrhage, infarction, etc.) by a physician or received treatment for it ?	① Yes ② No
5	Have you ever been diagnosed with heart disease (angina, myocardial infarction, etc.) by a physician or received treatment for it ?	① Yes ② No
6	Have you been diagnosed with chronic kidney disease (CKD) or renal/kidney failure by a physician, or are you receiving medical care for these diseases ?	① Yes ② No
7	Have you ever been diagnosed with anemia by a physician ?	① Yes ② No
8	Are you a regular smoker? You are considered to be a regular smoker if both of the following criteria apply: Criterion 1: You have smoked within the past month Criterion 2: You have smoked for over six months at any point in your life or have smoked a total of over 100 cigarettes over the course of your life	①Yes (both criteria 1 and 2 apply to you) ② I used to smoke, but I have not smoked within the past month (only criterion 2 applies) ③No (neither criteria 1 nor 2 apply)
9	Have you gained 10 kg or more since you were 20 years old ?	① Yes ② No
10	Do you work out hard enough that you lightly sweat for more than 30 minutes a session, at least twice a week over a year?	① Yes ② No
11	In your daily life, do you walk or conduct an equivalent physical activity for more than an hour each day?	① Yes ② No
12	Do you walk faster than people of the same sex who are nearly your age ?	① Yes ② No
13	Which situation below best describes your condition when chewing food ?	① You can chew and eat anything. ② There are parts of your teeth, gums and dental occlusion that you are concerned about, and it is difficult to chew. ③ You are largely unable to chew.
14	Do you eat faster than others ?	① Fast ② Normal ③ Slow
15	Do you eat dinner within two hours of going to bed 3 times a week or more ?	① Yes ② No
16	Are you intaking sweets or any food outside of the standard 3-meal breakfast-lunch-dinner?	① Every day ② Sometimes ③ Rarely
17	Do you skip breakfast 3 times a week or more ?	① Yes ② No
18	How often do you drink alcohol (sake, shochu, beer, liquor, etc.)? (* Select "I no longer drink" if you were a habitual drinker that drank once or more per month in the past but have not drunk alcohol within the past one-year period.)	①Every day ②5 to 6 times a week ③3 to 4 times a week ④1 to 2 times a week ⑤1 to 3 times a month ⑥Less than once per month ⑦I no longer drink ⑧I don't drink (I can't drink)
19	How much do you drink per day? 1 cup of sake (15% ABV, 180 ml) is equivalent to: 500 ml of beer (5% ABV),Roughly 110 ml of shochu (25% ABV),Roughly 180 ml of wine (14% ABV),60 ml of whiskey (43% ABV),500 ml of canned chuhai (5% ABV) or 350 ml of canned chuhai (7% ABV)	①Less than a cup ② 1 to 2 cups ③ 2 to 3 cups ④3 to 5 cups ⑤5 cups or more
20	Do you get enough rest from sleeping ?	① Yes ② No
21	Would you like to improve your life habits, such as exercising and diet ?	① I do not intend to improve them. ② I intend to improve them (within 6 months or so). ③ I intend to improve them in the near future (within a month or so), and I am starting to improve them a bit at a time. ④ I have already been working on them (for less than 6 months). ⑤ I have already been working on them (for more than 6 months).
22	Have you ever received specific health guidance about improving your life habits?	① Yes ② No