「(英語版) 肺がん検診記録票」

日本語の検診記録票への記載の際にご活用ください。

Form No. 3 (1) (For Medical Institution)

Utsunomiya City Lung Cancer Screening Record Form

・Please fill out the form neatly in block letters or circle the applicable content.
・This is a carbon copy form, so please write firmly.

Cost category	1	General	2	Exemptions	Checkup date	Year	Month	Day
Appointment ticket no.								

Address	Name
Utsunomiya City Phone no. (_____) _____ - _____	1. Male 2. Female Furigana: _____ Name: _____ Date of birth: _____ (year) ___ (month) ___ (day) Age: ___ years old

Medical questions

Medical history		Family history		Symptoms	
Have you ever had a chest disease?		Have your biological parents, siblings, or other relatives ever had lung cancer?		Have you had blood in your sputum or a persistent cough within the past six months?	
1 No	2 Yes	1 No	2 Yes ( )	1 No	2 Yes ⇒ Seek medical attention

Smoking

1 I don't smoke

(Smoking index)

2 I smoke now 3 I used to smoke

QTY ___ /day × ___ years

Remarks

Chest x-ray results

1 No abnormalities 2 No further testing required 3 Further testing required

Please circle the applicable findings.
・Chronic changes ・Tuberculosis ・Pneumonia ・Lung abscess
・Bronchiectasis ・Suspected primary lung cancer
・Suspected other neoplasms

Other [ ]

Second reading results

Second reading judgment categories

1	A	2	B	3	C	4	D1	5	D2	6	D3	7	D4	8	E1	9	E2

Second opinion judgment

1	No abnormalities (B)	2	No further testing required (C)	3	Further testing required (D1 – E2)

Radiologist

1	Second opinion meeting (municipal corporation) radiologist	2	Other physician ( )

Overall assessment					
1	No abnormalities	2	No further testing required (Reason:)	3	Further testing required Referral medical institution name

Name of medical institution & physician	