「(英語版) 子宮がん検診記録票」

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Form No. 5 (1) (For Medical Institution)

Utsunomiya City Cervical 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.				2 0		

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

Checkup history (Please fill in to the best of your knowledge.)	(1) First time (2) Checkup(s) in the past Most recent was around _____ (year) The screening results were (No abnormalities / Further testing required → Those results: _____
Family history of cervical cancer	Has anyone in your family, such as your biological mother or sisters, ever had cervical cancer? (1) No (2) Yes (grandmother / mother / sister / daughter / aunt / niece)
Menstruation	Menstruation (1) No: Menopause started: ___ years old (2) Yes: Normal / Abnormal Last menstrual period: ___ (month) ___ (day) – ___ (month) ___ (day)
HPV vaccine	(1) Yes (2) No (3) Unknown
Dosage history	If yes, then the number of doses (1) 3 times completed (2) 2 times completed (3) 1 time completed (4) Number of times unknown
Abnormal vaginal bleeding	Have you had abnormal vaginal bleeding within the past 6 months? (1) No (2) Yes
Sexual intercourse experience	(1) No (2) Yes
Pregnancy and childbirth history	(1) No (2) Yes (Delivery ____ times) (Normal _____ times/Abnormal _____ times)
Medical history	Gynecological disease (1) No (2) Yes (When I was ___ years old Name of disease: _____) Surgical treatment (No / Yes)

＜Visual/internal exam findings＞

＜Cervical cytology results＞ *Please circle one.

Specimen suitability	1 Appropriate	2 Inappropriate (determinable)	3 Inappropriate (undeterminable) / re-exam

Bethesda system	1 NILM	2 ASC-US	3 ASC-H	4 LSIL	5 HSIL
	6 SCC	7 AGC	8 AIS	9 AdenoCa	10 Other Malig.

Cervical judgement classification	1 No abnormalities	2 Further testing required (2 – 10)	3 Re-examination not performed

※ASC-US: HPV testing or retesting within 6 months

<HPV test results> ※30 & 35 years old only

1	Negative	2	Positive

<Need for endometrial cancer screening>

1	Abnormal vaginal bleeding	2	Menstrual abnormality	3	Brown vaginal discharge

Based on the results of the medical interview, persons who have experienced the following symptoms within the past six months

1	Yes	2	No

<Persons having endometrial cancer screening>

※Please sign the consent space below.

Consent	○I give consent to undergo screening for endometrial cancer, as I have been advised such screening is necessary. Name (Please sign here.)

<Endometrial cancer screening>

Body cytology results	1	Negative	2	False positive	3	Positive	
	4	Defective specimen re-examination	5	Post-inflammatory re-examination	6	Other ( )	
Body part classification	1	No abnormalities	2	Further testing required	3	Re-examination not performed	

<Overall assessment>

1	No abnormalities
2	No further testing required (Reason:)
3	Follow-up observation required
4	Further testing required (cytology results) Referral medical institution name
5	Further testing required (visual/internal test results) Referral medical institution name

Name of medical institution & physician