English

Latter-stage Elderly Healthcare Insurance			
Health Examination Ticket Number		Notice number	
Name (in kana)			
Age	y/o (As of 2023/03/31)	Gender	
Date of Birth			
Valid until			

Latter-stage Elderly Healthcare Health Checkup Ticket for the 2022 Fiscal Year Issued

- **Please read "Information on Designated/General Health Checkup Ticket for the 2022 Fiscal Year" included in the same envelope.**
- **Please bring the following with you:**
  Health Checkup Ticket
  Latter-stage Elderly Health Insurance Card
  If you will be receiving your checkup together with a group, please bring last year's checkup/medical examination result chart (only for individuals that have one)
- **Filling out your health checkup ticket:**
  Please fill out the information in the large box on the back of this paper.
  If you have any medical history or concerns, please discuss them directly with your doctor. They will not appear on your checkup results.
  If you will be receiving your checkup together with a group, please write only your phone number on the back of this page. On the day of your checkup, you will be asked to fill out a medical questionnaire.

※Please check the period of validity on your ticket.

- Individuals who regularly attend a medical institution for checkups and are informed of their health by a licensed professional do not need to receive this health checkup.

※For clinic/medical institution use only.

Checkup Date	Mo. Day	Latter-stage Elderly Health Insurance Card Number	
Body Measurements	Height . cm	Weight . kg	BMI .
Observable Symptoms	No / Yes	Blood Pressure	SBP / DBP mmHg
Urinalysis	Protein − ± + ++ +++	Sugar − ± + ++ +++	Kidney

Detailed Health Examinations	Reason for Exam	Anemia	Past history / Potential
		Electro-cardiogram	Blood pressure: Individuals whose SBP was 140 mmHg and over/DBP was 90 mmHg and over in the current year's checkup results. / Potential arrhythmia
		Eye Fundus	Blood pressure: Individuals whose SBP was 140 mmHg and over/DBP was 90 mmHg and over in the current year's checkup results. / Blood sugar: Individuals whose blood sugar was 126mg/dℓ and over/HbA1c(NGSP) was 6.5% and over. (For individuals who received their checkup at a medical institution, refer to this year's checkup results. For individuals who did their checkup with a group, refer to last year's checkup results.)
	Anemia	No / Yes	Electro-cardiogram: No / Yes; Eye Fundus: No / Yes; Name of requested clinic; Code
Observations	Electro-cardiogram	Code	Eye Fundus: Code; Scheie Classification: S0 S1 S2 S3 S4 H0 H1 H2 H3 H4
	Necessary to recommend follow-up exams?	No	
		Yes	BP 1, Fats 2, BG 3, Liver 4, Kidney 5, Uric Acid 6, Anemia 7, ECG 8, FO 9, Other
Clinic Name		Clinic Code	Physician Name; Class 後期高齢63

English

■For patient use (Please fill out the following information.) Offer to recieve Medical Examination using a (short massage)with a mobile phone number		Phone number	— —
			Please draw a diagonal line (/) through the applicable box.
1	How would you describe your current health condition?		☐ Excellent ☐ Good ☐ Normal ☐ Not good ☐ Terrible
2	Are you satisfied with your daily life?		☐ Yes ☐ So-so ☐ Not really ☐ No
3	Do you eat three proper meals a day?		☐ Yes ☐ No
4	Compared to half a year ago, do you have trouble eating hard foods? (※) ※Dried squid, pickled daikon radish, etc.		☐ Yes ☐ No
5	Do you sometimes choke when drinking tea, soup, or other fluids?		☐ Yes ☐ No
6	Have you lost 2-3 kg or more within the past 6 months?		☐ Yes ☐ No
7	Has your walking pace gotten slower compared to before?		☐ Yes ☐ No
8	Had you fallen down in the past year		☐ Yes ☐ No
9	Do you walk or exercise once or more per week?		☐ Yes ☐ No
10	Do you sometimes get told by other people that you are forgetful or always ask the same thing?		☐ Yes ☐ No
11	Do you sometimes forget the month or date?		☐ Yes ☐ No
12	Do you smoke tobacco?		☐ Yes ☐ No ☐ I quit smoking
13	Do you go out at least once or more a week?		☐ Yes ☐ No
14	Do you normally associate with family or friends?		☐ Yes ☐ No
15	Is there someone close to you that you can talk to when you aren't feeling well?		☐ Yes ☐ No
16	When was the last time you ate a meal?		☐ Within 10 hours ☐ 10 hours or more ago

Insurer	Address	1-chome-6-5 Izumi, Higashi-ku, Nagoya, Aichi
	Telephone	052-955-1205
	Insurer Number	39232012 (Toyohashi City)
	Insurer Name	Aichi Prefecture Latter-stage Elderly Healthcare Association
Payment Agency Number		92399021
Payment Agency Name		Aichi Prefecture National Health Insurance Federation

Inquiries
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