English

National Health Insurance

Health Examination Ticket Number		Notification Number	
Name (in kana)			
Age	y/o (Age as of 2023/03/31)	Gender	
Date of Birth			
Valid until			

Toyohashi National Health Insurance Designated 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 check the period of validity on your ticket.

・**Please bring the following with you:**
Specific Health Checkup Ticket
Toyohashi City National Health Insurance Card
<u>If you will be receiving your checkup together with a group,</u> please bring last year's checkup/medical examination result chart (only for individuals that have one)

Hospital patients may also receive a health examination.

・**Filling out your health checkup ticket:**
Please fill out the information in the large box on the back of this paper. In case of a group medical examination, specific medical examination+cancer sreening, it is not necessary to fill in the upper part.
<u>If you will be receiving your checkup together with a group,</u> please write only your phone number(s) on the back of this page. On the day of your checkup, you will be asked to fill out a medical questionnaire.

※For clinic/medical institution use only.

Checkup Date	Mo. Day	National Health Insurance Card Number	
Body Measurements	Height . cm	Weight . kg	BMI . / AC . cm
Objective Symptoms	No / Yes	Blood Pressure	SBP / DBP mmHg
Urinalysis	Protein − ± + ++ +++	Sugar − ± + ++ +++	Period / 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 indivudals 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 Classifi-cation	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	国保61

■For patient use (Please fill out the following information.)

Offer to recieve Medical Examination using a (short message)with a mobile phone number English

Phone number (Cell)	□□□ –□□□□–□□□□	Phone number (Home)	□□□□ – □□ – □□□□

			Please draw a diagonal line (/) through the applicable box
1		Do you use any of the following medicines regularly for items a - c below?	
1	1	a Medicine to lower blood pressure?	Yes / No
1	2	b Medicine or insulin injections to lower blood sugar levels?	Yes / No
1	3	c Medicine to lower triglycerides or cholesterol?	Yes / No
4		Have you been told by a doctor that you are suffering from a stroke (cerebral hemorrhage, cerebral infraction, etc.) or have received treatment for a stroke?	Yes / No
5		Have you been told by a doctor that you are suffering from heart disease (heart attack, myocardial infarction, etc.) or have received treatment for heart disease?	Yes / No
6		Have you been told by a doctor that you are suffering from chronic kidney disease or kidney failure, or have received treatment (dialysis, etc.) for chronic kidney disease or kidney failure?	Yes / No
7		Have you ever been told by a doctor that you are anemic?	Yes / No
8		I habitually smoke tobacco. (* A habitual smoker of tobacco is someone who has smoked over 100 cigarettes, or has smoked for more than six months. Those who have recently smoked tobacco for at least one month or more are also considered habitual smokers.)	Yes / No
9		Have you gained 10kg or more since turning 20?	Yes / No
10		Have you been doing light exercise for at least 30 minutes twice or more per week for one year or longer?	Yes / No
11		Have you been walking for at least one hour during your daily activities or doing physical activitity equivalent to walking for at least one hour daily?	Yes / No
12		Do you tend to walk faster than those of the same age as you?	Yes / No
13		Which of the following best applies to you when chewing food? ①I can eat and chew all kinds of food. ②I am concerned about my teeth, gums, or bite, and it is sometimes difficult to chew food. ③I cannot chew most foods.	① / ② / ③
14		Do you tend to eat more quickly than others?	Fast / Normal / Slow
15		In a one week period, do you eat dinner within 2 hours of going to bed three or more times?	Yes / No
16		Excluding breakfast, lunch, and dinner, do you snack on sweet foods or drinks?	Daily / Once in a while / Almost never
17		Do you skip breakfast 3 or more times in a week?	Yes / No
18		How often do you drink alcohol (sake, beer, wine, etc.)?	Daily / Once in a while / Almost never (don't drink)
19		On days that you drink alcohol, how much alcohol do you consume in one day? Measurements are based on one "gou", or 180 ml of sake, which approximately equals: One 500 ml bottle of beer, 110 ml of shochu (25 proof), one double-shot (60 ml) of whisky, or two glasses (240 ml) of wine.	Under 180ml of sake / 180 - 360ml of sake / 360 - 540ml of sake / 540+ ml of sake
20		Do you feel well-rested after sleeping?	Yes / No
21		Do you want to improve your current lifestyle (exercise, eating habits, etc.)? Please choose one from ① to ⑤. ①No, not planning on it. ②Yes, within the next six months. ③Yes, wihtin the next month. I have slowly begun improving my lifestyle. ④I have already begun improving my lifestyle (within the past six months). ⑤I have already begun improving my lifestyle (for six months or more).	① / ② / ③ / ④ / ⑤
22		If health guidance related to lifestyle improvement were offered, would you participate?	Yes / No
23		When was the last time you ate a meal?	Within 10 hrs / 10+ hrs ago
24		Noticeable symptoms	1 None / 2 Headache / 3 Dizziness / 4 Ringing in ears / 5 Chest pain / 6 Heart palpitations / 7 Dry mouth / 8 Sudden weight loss / 9 Swelling / 10 Easily tired / 11 Numbness in hands/fee / 12 Other ( )

Insurer		
	Address	1 Imahashicho, Toyohashi, Aichi
	Telephone	0532 - 51 - 2293
	Insurer Number	00230029
	Insurer Name	Toyohashi City
Payment Agency Number		92399021
Payment Agency Name		Aichi Prefecture National Health Insurance Federation

Inquiries
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