

address	〒 -		Chiba City		Ward		examination fee	Free for over 70		Medical institution code					
	Certificate of residence as noted														
Furigana Full name											<p><Please contact the medical institution. > If you are a medical institution, please attach a consultation ticket sticker here. ←※ Please check if there are any omissions in the address, etc. written by the patient in the thick frame on the left.</p>	Medical institution name	location	doctor name	<p>* Fill in the name of the Chiba city registered gastric cancer screening doctor (A seal is required if not signed)</p>
Date of birth	Year	Month	Day	Gender	M	F	Reference number		22	223					
phonenum phone number	(Weekdays, daytime contacts such as mobile phones)														

★This test can be taken if both of the following answers are "1 No".

1	Have you ever received treatment to eradicate Helicobacter pylori?	1 No	2 Yes (approx	month	year)
2	Have you ever had a total gastrectomy?	1 No	2 Yes (approx	month	year)

Please circle or fill in the following items.

inspection history	1 Have you ever been screened for stomach cancer? 1 No 2 Yes (year month)	smoking habit	Do you smoke. 1 Yes 2 No
	2 Have you ever had a Gastrointestinal Endoscopy as a medical examination? 1 No 2 Yes (year month)		2. For those who currently smoke, about quitting smoking 1 I want to quit smoking within 1 month 2 I want to quit smoking someday
medical history	1 None 2 Gastric cancer 3 Gastritis 4 Gastric ulcer 5 Gastric polyp 6 Duodenal ulcer 7 Others ()	current subjective symptoms	1. Do you currently have any of the following symptoms? 1 No particular abnormalities 2 Heartburn 3 Feeling sick 4 My back hurts 5 Stomach hurts 6 Burp 7 I have no appetite 8 I am hungry 9 I've lost weight 10 Palpitations and shortness of breath 11 Other ()
Family history	1. Has anyone in your family had stomach cancer? 1 No 2 Yes (Relationship:) 2. Has anyone in your family been diagnosed as positive for Helicobacter pylori? 1 No 2 Yes (Relationship:)		2. When did you start having these symptoms? () months ago
History of drinking	Do you drink alcohol? 1 Do not drink 2 Drink		
Medication history	immunosuppressant 1 yes 2 no steroid 1 yes 2 no		

Inspection date (Christian calendar)

2 0 yr mo day

Serum pylori antibody (Hp) Measured value			U/ml
Kit name used	1 Fuji Film Co., Ltd. Wako Pure Chemical L type Wako H. pylori antibody J	2 Denka Co., Ltd. H. pylori Latex "Seiken"	
Inspection results	Negative	Less than 4.0 U/ml	1 Detailed examination not required
	Positive	4.0U/ml or more	4 Detailed examination required

Doctor's Entry field	*Referral medical institutions, etc. to persons requiring detailed examination
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