

04 Chiba City Breast Cancer Screening Sheet (Ultrasound)

Only in the 30s within the fiscal year

Expiration date February 28, 2023

Certificate of Residence as noted	〒 Chiba City Ward				
	Furigana Name				
Date of Birth	Year	Month	Day	Gender M	F
phones	mobile etc		Weekdays	daytime	

<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.

Examination Fee

Yes No

Medical institution code

Medical institution name

location

doctor name

* Fill in the name of the Chiba city registered gastric cancer screening doctor (A seal is required if not signed)

Ref Number

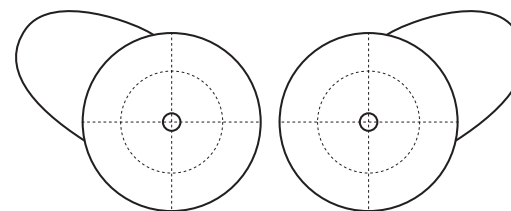
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Please circle or fill in the following items.

checkup history	1 Have you ever had a breast cancer screening? 1 No 2 Yes (Year Month)	
About smoking	1 Do you smoke? 1 I smoke 2 I don't smoke 2 To current smokers about quitting smoking. 1 want to quit smoking in 1 mo 2 want to quit smoking eventually	
Currently breastfeeding	1 No 2 Yes	
Presence or absence of menstruation	1 Yes → 1 Smooth 2 Unsatisfactory Last menstrual period (month from day to day) 2 None → 1 Menopause () years old	
Pregnancy, etc.	Are you currently pregnant or could you be pregnant? 1 Yes → (weeks of pregnancy/last menstrual period yr mo day) 2 None	
Family history	Have any relatives had breast cancer? 1 No 2 Yes (mother, sister, grandmother, others)	
Pre-existing breast disease	right	left
	1 No 2 Mastitis 3 Mastosis 4 Benign tumor 5 Others	1 No 2 Mastitis 3 Mastosis 4 Benign tumor 5 Others
history of surgery	Do any of the following apply to you? 1 Yes (breast augmentation, pacemaker, V-P shunt) 2 None	
Subjective symptoms	mammary lump	1 No 2 Yes (from around month, year) (pieces, size is cm)
	Nipple discharge	1 No 2 Yes (Color: transparent, white, yellow, bloody)
	Nipple Deformity	1 No 2 Yes
	Breast pain	1 No 2 Yes

Ultrasound wave observation

right					left				
①	●	Solid tumor			①	●	Solid tumor		
②	○	Cyst			②	○	Cyst		
③	◐	Intracystic tumor			③	◐	Intracystic tumor		
④	▨	Non-massive lesions			④	▨	Non-massive lesions		
⑤	—●	Intraductal lesions (dilation/tumor)			⑤	—●	Intraductal lesion (dilation/tumor)		
⑥	×	Others ()			⑥	×	Others ()		
1	2	3	4	5	Category				
Physician name					group US number				



Shooting year month day

2 0 yr mo day

Judgment 1 No detailed inspection required 3 Detailed inspection required

For those who have undergone breast cancer screening

Please read the following explanation about the results of breast cancer screening, and use it for future cancer prevention, early detection, and treatment.

★ Let's know the results of cancer screening.

Ask the medical institution where you took the test to explain the results. If you are taking a group checkup, please check the mailed results.

Which of the following was the "judgment"?

- ☐ No detailed inspection required → to ①
☐ Detailed inspection required → to ②

① Those who do not need detailed examination
 "No abnormalities were found in this examination." regularly get a breast cancer checkup (Chiba city has a breast cancer checkup once every two years). If you feel any subjective symptoms or feel any changes in your breasts, seek medical attention immediately.

② Those who require a detailed inspection
 "It is necessary to undergo a detailed examination for the presence or absence of breast cancer."
 → "How to receive a detailed inspection"

★ How to receive a detailed inspection

- For individual examinations, please bring the Chiba City Breast Cancer Detailed Examination Request Form, Chiba City Breast Cancer Examination Form (personal copy), and health insurance card issued by a medical institution.。
 - If you are taking a group checkup, please bring the "Chiba City Breast Cancer Detailed Examination Result Report Form" and the "Chiba City Breast Cancer Examination Form (personal copy)" and "Health Insurance Card" issued by Chiba City. please give me.
- * As a reference for where to go to see a doctor, please refer to the back of the separate sheet "Information for Detailed Examinations" for breast cancer.
 Please see detailed examination cooperation medical institution.

Breast cancer screening does not detect breast cancer 100% of the time. If you have subjective symptoms, please consult a medical institution immediately.

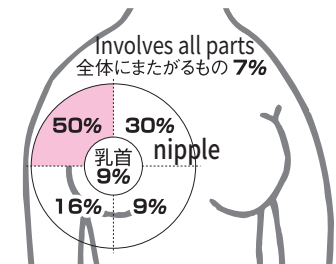
★What is Breast Cancer?

One in nine women (Source: National Cancer Center Cancer Information Service "Cancer Registry/Statistics" (National Cancer Registry)) are said to develop breast cancer in a lifetime, the rate of breast cancer and mortality rates are increasing. It begins to increase in the 30s and peaks around the age of 50. Female hormones (estrogen) play a major role in the development of breast cancer, and lifestyle habits such as drinking habits and smoking are risk factors for breast cancer.

① Main symptoms of breast cancer

- Lump
- Tightening and hollowing of breast skin
- Discharge from the nipple
- Nipple sores, eczema
- Red and swollen breast skin

Total exceeds 100% due to cases involves 2 or more parts



Areas prone to breast cancer
 (1) Upper outer side of the breast (2) Upper inner side of the breast
 (3) Outside lower part of breast (4) Inside lower part of breast
 Source: St. Marianna Department of Mammary Gland and Endocrine Surgery Data

② Recommendations for Breast Awareness

Be interested in the condition of your breasts on a daily basis, and get into the habit of seeing and touching them.
 If you notice any changes in your breasts, consult your doctor immediately.

Health consultation

The Health Division of each ward's Health and Welfare Center provides health consultations such as prevention of lifestyle-related diseases, as well as smoking cessation support (individual consultations for those who wish to quit smoking). In addition, please note that the Health Division may inform you about health-related lectures, etc.

Please note that the examination results may be aggregated and published. However, when publishing, only the aggregated figures will be published, and personal information such as names will not be published at all.

[Inquiries regarding examinations]
 Health Support Division, Health and Welfare Department,
 Health and Welfare Bureau, Chiba City
 TEL 043-238-1794 FAX 043-238-9946