

Note: This form is folded in half with carbon copy.
Writing on the top sheet will be copied to the sheet below.

Longevity Health Checkup Form,
City of Setagaya, FY 20XX

	Insurer number		3	9	1	3	1	1	2	3
	Insurance ID number									
Health Checkup Voucher Reference Number			1	0	0					
Address		Setagaya-ku								
Furigana									Gender	1. Male 2. Female
Name										
*Tel:		()								
Date of birth		Year	Month	Day	Age at time of checkup (age:)					
Date of checkup		Year	Month	Day						

Personal Copy

Longevity Health Checkups are contracted to the Tokyo Metropolitan Association of Medical Care Services for Older Senior Citizens.

* Checkup must be done by March 31, 20XX+1.

Longevity Health Checkup	¥500	
Cancer screenings, etc. (available at selected medical institutions)	Lung cancer screening	<input type="checkbox"/> to apply <input type="checkbox"/> not to apply * ¥600 if a sputum cytology test is conducted in addition to the chest X-ray (only if authorized as necessary by doctor)
	Colon cancer screening	<input type="checkbox"/> to apply <input type="checkbox"/> not to apply ¥ 200
	Hepatitis B/C screening	<input type="checkbox"/> Eligibility Free : For those who have never had this test before
	Prostate cancer screening	<input type="checkbox"/> Eligibility ¥600 : Men aged 60 or over as of March 31, XXXX *For those who have never had this test before

* If you fill in the phone number field, we can inform you by flyer and text about health services (health checkups, health guidance, etc.) and nursing care services (optional).

Mark the corresponding number in the answer with a circle.

Question	Answer	
1. How would you rate your current health?	1. Excellent	
	2. Good	
	3. Fair	
	4. Poor	
	5. Very Poor	
2. How satisfied are you with your daily life?	1. Very satisfied	
	2. Somewhat satisfied	
	3. Somewhat dissatisfied	
	4. Very dissatisfied	
3. Do you regularly eat three meals a day?	1. Yes	2. No
4. In the past six months, has it become more difficult to eat hard or tough foods (*)? *Dried squid, pickled radish, etc.	1. Yes	2. No
5. Do you sometimes choke when drinking tea or soup?	1. Yes	2. No
6. Have you lost more than 2-3kg over the past six months?	1. Yes	2. No
7. Do you find your walking pace is slower than it was previously?	1. Yes	2. No
8. Have you had any falls in the past year?	1. Yes	2. No

Question	Answer	
9. Do you walk or take other exercise at least once a week?	1. Yes	2. No
10. Has anyone told you that you repeat yourself or appear forgetful?	1. Yes	2. No
11. Do you sometimes not know what the date is today?	1. Yes	2. No
12. Do you smoke tobacco?	1. Yes	
	2. No	
	3. Not any more	
If you are considering quitting, please check this box <input type="checkbox"/> . → <input type="checkbox"/>		
13. Do you go out at least once a week?	1. Yes	2. No
14. Do you regularly meet with family or friends?	1. Yes	2. No
15. Do you have anyone to turn to for advice when you are unwell?	1. Yes	2. No

Health checkup results

Height	cm	BMI=	kg/m ² *See formula on back of form (personal copy) (Health guidance threshold: BMI ≥25.0)						
Weight	kg								
Waist circumference		cm	【1. Actual measurement 2. Self-measurement 3. Self-reported】 (Health guidance threshold M: ≥85cm, F: ≥90cm)						
Blood pressure	Systolic	mmHg	Health guidance threshold: ≥130mmHG Medical consultation threshold: ≥140mmHG			<input type="checkbox"/> First time <input type="checkbox"/> Second time <input type="checkbox"/> Other			
	Diastolic	mmHg	Health guidance threshold: ≥85mmHG Medical consultation threshold: ≥90mmHG						
Medical history	1. To be noted 2. None of note								
	1. Hypertension 2. Liver disease 3. Cardiovascular disease 4. Anemia 5. Kidney disease 6. Diabetes 7. Dyslipidemia 8. Hyperuricemia 9. Lung disease 10 . Cerebrovascular disease 11. Other ()								
Subjective symptoms	1. To be noted 2. None of note								
	1 Chest pressure/discomfort 2. Breathlessness/palpitations 3. Arrhythmia (irregular heartbeat) 4. Swelling in face, limbs 5. Thirst 6. Worked in a dusty environment 7. Discomfort at back of throat 8. Blood in sputum 9. Frequent coughing, phlegm 10. Dizziness/vertigo on standing 11 . Fatigue 12 . Other ()								
Objective symptoms	1. To be noted 2. None of note								
Urine analysis	Protein		1. —	2. ±	3. +	4. ++	5. +++		
	Glucose		1. —	2. ±	3. +	4. ++	5. +++		
	Occult blood		1. —	2. ±	3. +	4. ++	5. +++		

Blood test

(basic health checkup tests)

Tests		Health guidance	Medical consultation	Test results		
Triglycerides	Fasting (≥10h after eating)	≥150	≥300			mg/dℓ
	Non-fasting (<10h of eating)	≥175	≥300			mg/dℓ
HDL cholesterol		<40				mg/dℓ
LDL cholesterol		≥120	≥140			mg/dℓ
AST (GOT)		≥31	≥51			U/ℓ
ALT (GPT)		≥31	≥51			U/ℓ
γ -GT (γ -GTP)		≥51	≥101			U/ℓ
Blood glucose	Fasting (≥10h after eating)	≥100	≥126			mg/dℓ
	Non-fasting (<10h of eating)					mg/dℓ
Hemoglobin A1c		≥5.6	≥6.5			%

Anemia test

(detailed health tests)

Tests		Standard value	Health guidance	Medical consultation	Test results		
Red blood cell count		M: 410-580 F: 380-480					10 ⁴ /μL
Hemoglobin			M: <13.0 F: <12.0	M: <12.0 F: <11.0			g/dℓ
Hematocrit		M: 36-50 F: 34-45					%
Reason for testing		1. Doctor's discretion 2. History of anemia or suspected anemia observed					

Serum creatinine test

(detailed health tests)

Tests		Standard value	Health guidance	Medical consultation	Test results		
Creatinine		M: 0.60-1.10 F: 0.40-0.80					mg/dℓ
eGFR			<60	<45			ml/min/ 1.73m ²
Reason for testing		1. Doctor's discretion					

Metabolic syndrome assessment

1. Criteria met	2. Pre-metabolic	3. Not applicable	4. Indeterminate
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Blood test (other health tests)

Tests	Standard value	Test results				
Total cholesterol	130—220					mg/dℓ
ALP	38—113					U/ℓ
LD (LDH)	120—245					IU/ ℓ
Uric acid	M: 3-7 F: 2-6					mg/dℓ
Urea nitrogen	8.0—23.0					mg/dℓ
Total protein	6.7—8.3					g/dℓ
Albumin	3.8—5.3					g/dℓ
White blood cell count	3500—9000					/mm ³
Platelet count	13.0—36.9					10 ⁴ /μL

Referral letter	To:	Facility name	
	Please provide 1. Ophthalmoscopy 2. Lung cancer screening.		
	Referring doctor		Number of referral facility
	Referral date		

Funduscope examination	Conducting facility		1. Own hospital 2. Referral hospital			
	Intraocular pressure	Right mmHg	Left mmHg			
	Scheie's classification	H-type (hypertensive change)		0 1 2 3 4		
		S-type (atherosclerotic change)		0 1 2 3 4		
	Findings (including suspicions)	1. Diabetic changes 2. Bleeding 3. White dots 4. Macular degeneration 5. Optic disc cupping 6. Other ()				
	Reason for testing	1. Doctor's discretion				

ECG	1. Findings (Mark the corresponding number in the findings below with a circle.)		2. No findings		
	Findings (including suspicions)	1. Abnormal Q wave 2. Left ventricular hypertrophy 3. ST changes 4. T wave changes 5. WPW syndrome 6. Right bundle branch block 7. Supraventricular premature contraction 8. Premature ventricular contraction 9. Atrial fibrillation 10. Supraventricular tachycardia 11. Other ()			
	Reason for testing	1. Doctor's discretion 2. Suspected arrythmia at interview, etc.			

Chest X-ray	Front	1. No Findings 2. Findings		<input type="checkbox"/> Digital <input type="checkbox"/> Analog (Large format)
	Findings			
	Side	1. No Findings 2. Findings		*Side X-ray only for lung cancer screening
Findings				
Lung cancer screening results			1. No further screening 2. Further screening required (Note:)	

Visit	1. Doctor only 2. With nurse	
	Sputum smear test	1. Negative 2. Positive (Gaffky:)

Final Assessment

1. Normal		2. Guidance required		3. Treatment required	
Disease (including suspicions)	Treatment required	Guidance required	Disease (including suspicions)	Treatment required	Guidance required
Hypertension	1	2	Lung disease	1	2
Hyperuricemia	1	2	Heart disease	1	2
Anemia	1	2	Kidney disease	1	2
Liver disease	1	2	Dyslipidemia	1	2
Diabetes	1	2	Cerebrovascular disease	1	2
Other ()				1	2
Other ()				1	2
Other ()				1	2

Notes	
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Facility ID	1	3	1						
Healthcare facility name									
Address									
Tel:									
Name of doctor									

◎ Guide to understanding your final assessment

1. If your result is “**Normal**,” it means that no abnormalities were detected. This does not guarantee future health. If you experience any symptoms, consult a physician promptly. Continue regular health checkups.
2. If your result is “**Guidance required**,” it means that you need to continue to be observed or retested at a healthcare facility due to one of the following: an unclear diagnosis resulting from your tests, findings that are difficult to classify as normal or abnormal, or abnormalities that may appear as a result of your physical condition during testing, even though you are healthy.
3. If your result is “**Treatment required**,” it means that you will need to promptly undergo medical treatment. If you are currently in treatment, it is important that you continue to follow the guidance of your lead physician.

◎ Guide to understanding your test results

Fold along the dotted line on the left to align and view your test results.

Mountain fold line

Tests		Purpose & Meaning
Urinalysis	Protein	Screens for diabetes, kidney and urinary system disease.
	Glucose	
	Occult blood	
Triglycerides		Elevated levels indicate increased risk of lifestyle diseases.
HDL cholesterol		Low levels indicate increased risk of atherosclerosis.
LDL cholesterol		Elevated levels indicate increased risk of atherosclerosis.
AST (GOT)		Elevated levels may indicate liver disease.
ALT (GPT)		
γ –GT (γ –GTP)		Elevated levels may indicate alcoholic hepatitis, etc.
Blood glucose		Elevated levels may indicate diabetes.
Hemoglobin A1c		
Red blood cell count		Low levels may indicate anemia.
Hemoglobin		
Hematocrit		
Creatinin		Elevated levels may indicate kidney disease.
eGFR		Low levels may indicate kidney disease.
Total cholesterol		Elevated levels indicate increased risk of atherosclerosis.
ALP (alkaline phosphatase)		Elevated levels may indicate liver disease.
LD (LDH) (lactate dehydrogenase)		Elevated levels may indicate disease of the heart or liver.
Uric acid		Elevated levels may indicate gout.
Urea nitrogen		Elevated levels may indicate kidney disease.
Total protein		Low levels may indicate renal dysfunction, malnutrition, or hepatic dysfunction.
Albumin		
White blood cell count		Check for any blood disorder.
Platelet count		Low levels indicate increased bleeding risk.
Funduscope examination		Check for progression of arteriosclerosis or diabetes.
ECG		Check heart condition, arrhythmia, etc.
Chest X-ray		Check for tuberculosis, etc.
Home visit Sputum Test		Check for TB bacillus in sputum.

※ Measurements can be affected by age, sex and food intake. Standard values may also vary according to differences in measurement methods, and between individuals. Please use the standard values as a guide only. These test results alone are insufficient to make a diagnosis, so please listen carefully to the instructions of the doctor.

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◎ About Body Mass Index

Formula: BMI = body weight (kg) ÷height (m)²
Threshold: BMI ≥ 25.0 is obese